STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15th FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

MEMORANDUM **MEMO #0164**

TO: All DIDD Dental Providers and ISCs

FROM: James M. Henry, Commissioner

DATE: December 1, 2011

SUBJECT: Dental Rates

The Department of Intellectual and Developmental Disabilities (DIDD) has been notified by TennCare of additional rate reductions for dental services effective January 1, 2012. Since DIDD's dental rates are tied to those of TennCare, those reductions will be reflected in our rates also.

Detail from the notification explains:

"TennCare was hoping to postpone additional 4.25 percent rate reductions for certain providers (including dentists), if the state received federally-owed funds (Special Disability Workload or SDW) before January 1, 2012. Recently, the U.S. Department of Human Services announced that they believe absent federal legislation, they are unable to resolve the outstanding liability. Therefore, implementation of additional provider rate reductions effective January 1, 2012, are necessary to stay within TennCare's current budget."

Attached is a listing of the DIDD services and rate adjustments by procedure code. These changes are effective with services provided on or after January 1, 2012.

JMH/lb

Attachment

Department of Intelectual and Developmental Disabilities
Dental Rate 2012

code	service	short_nam	stand_rate	
6A120	DENTAL PERIODIC ORAL EXAM	D0120	23	
6A120Q	PERIODIC ORAL EXAM	D0120	23	
6A121	DENTAL LIMITED ORAL EVALUATION	D0140	23	
6A121Q	LIMITED ORAL EVALUATION	D0140	23	
6A122	DENTAL COMPREHENSIVE ORAL EVAL	D0150	29	
6A122Q	COMPREHENSIVE ORAL EVALUATION	D0150	29	
6A123	DENTAL DETAILED & EXTENSIVE ORAL EV	D0160	41	
6A123Q	DETAILED & EXTENSIVE ORAL EVAL	D0160	41	
6A124	DENTAL RE-EVALUATION - LIMITED	D0170	23	
6A124Q	RE-EVALUATION - LIMITED	D0170	23	
6A125	INTRAORAL - COMPLETE SERIES	D0210	61	
6A125Q	INTRAORAL - COMPLETE SERIES	D0210	61	
6A126	INTRAORAL - PERIAPICAL 1ST FILM	D0220	12	
6A126Q	INTRAORAL - PERIAPICAL 1ST FILM	D0220	12	
6A127	INTRAORAL - PERIAPICAL EACH ADDITNL	D0230	10	
6A127Q	INTRAORAL - PERIAPICAL EACH ADDITNL	D0230	10	
6A128	INTRAORAL - OCCLUSAL FILM	D0240	12	
6A128Q	INTRAORAL - OCCLUSAL FILM	D0240	12	
6A129	EXTRAORAL - 1ST FILM	D0250	14	
6A129Q	EXTRAORAL - 1ST FILM	D0250	14	
6A130	EXTRAORAL - EACH ADDITIONAL	D0260	14	
6A130Q	EXTRAORAL - EACH ADDITIONAL	D0260	14	
6A131	BITEWING - SINGLE FILM	D0270	11	
6A131Q	BITEWING - SINGLE FILM	D0270	11	
6A132	BITEWING - TWO FILMS	D0272	18	
6A132Q	BITEWING - TWO FILMS	D0272	18	
6A133	BITEWING - FOUR FILMS	D0274	28	
6A133Q	BITEWING - FOUR FILMS	D0274	28	
6A134	VERTICAL BITEWINGS - 7 T0 8 FILMS	D0277	38	
6A134Q	VERTICAL BITEWINGS - 7 TO 8 FILMS	D0277	38	
6A135	TOMOGRAPHIC SURVEY	D0322	335	
6A135Q	TOMPGRAPHIC SURVEY	D0322	335	
6A136	PANORAMIC FILM	D0330	49	
6A136Q	PANORAMIC FILM	D0330	49	
6A137	CEPHALOMETRIC FILM	D0340	57	
6A137Q	CEPHALOMETRIC FILM	D0340	57	
6A138	PULP VITALITY TESTS	D0460	29	
6A138Q	PULP VITALITY TESTS	D0460	29	
6A139	DIAGNOSTIC CASTS	D0470	53	
6A139Q	DIAGNOSTIC CASTS	D0470	53	
6A140Q	PROPHYLAXIS - ADULT	D1110	43	Arlington Waiver Only
6A141Q	FLUORIDE W/O PROPHYLAXIS - ADULT	D1204	19	Arlington Waiver Only
6A150	AMALGAM - 1 SURFACE PERMANENT TOOTH	D2140	59	
6A150Q	AMALGAM - 1 SURFACE PERMANENT TOOTH	D2140	59	
6A151	AMALGAM - 2 SURFACE PERMANENT TOOTH	D2150	72	
6A151Q	AMALGAM - 2 SURFACE PERMANENT TOOTH	D2150	72	
6A152	AMALGAM - 3 SURFACE PERMANENT TOOTH	D2160	82	
6A152Q	AMALGAM - 3 SURFACE PERMANENT TOOTH	D2160	82	
6A153	AMALGAM - 4+SURFACE PERMANENT TOOTH	D2161	88	
6A153Q	AMALGAM - 4+SURFACE PERMANENT TOOTH	D2161	88	
6A154	COMPOSITE - 1 SURF ANTERIOR	D2330	59	
6A154Q	COMPOSITE - 1 SURF ANTERIOR	D2330	59	
6A155	COMPOSITE - 2 SURF ANTERIOR	D2331	72	
6A155Q	COMPOSITE - 2 SURF ANTERIOR	D2331	72	
6A156	COMPOSITE - 3 SURF ANTERIOR	D2332	82	
6A156Q	COMPOSITE - 3 SURF ANTERIOR	D2332	82	
6A157	COMPOSITE - 4+ SURF ANTERIOR	D2335	88	
6A157Q	COMPOSITE - 4+ SURF ANTERIOR	D2335	88	
6A158	COMPOSITE CROWN-ANTERIOR-PERM TOOTH	D2390	161	
6A158Q	COMPOSITE CROWN-ANTERIOR-PERM TOOTH	D2390	161	

6A159	COMPOSITE 1 SURF POSTERIOR PERM TTH	D2391	59
6A159Q	COMPOSITE 1 SURF POSTERIOR PERM TTH	D2391	59
6A160	COMPOSITE 2 SURF POSTERIOR PERM TTH	D2392	72
6A160Q	COMPOSITE 2 SURF POSTERIOR PERM TTH	D2392	72
6A161	COMPOSITE 3 SURF POSTERIOR PERM TTH	D2393	82
6A161Q	COMPOSITE 3 SURF POSTERIOR PERM TTH	D2393	82
6A162	COMPOSITE 4+SURF POSTERIOR PERM TTH	D2394	88
6A162Q	COMPOSITE 4+SURF POSTERIOR PERM TTH	D2394	88
6A163	CROWN - RESIN INDIRECT	D2710	156
6A163Q	CROWN - RESIN INDIRECT	D2710	156
6A164	CROWN - RESIN/METAL BASE	D2721	529
6A164Q	CROWN - RESIN/METAL BASE	D2721	529
6A165	CROWN - RESIN/METAL NOBLE	D2722	529
6A165Q	CROWN - RESIN/METAL NOBLE	D2722	529
6A166	CROWN - PORC/CERAMIC	D2740	529
6A166Q	CROWN - PORC/CERAMIC	D2740	529
6A167	CROWN - PORC/METAL BASE	D2751	529
6A167Q	CROWN - PORC/METAL BASE	D2751	529
6A168	CROWN - PORC/METAL NOBLE	D2752	529
6A168Q	CROWN - PORC/METAL NOBLE	D2752	529
6A169	CROWN - 3/4 METAL BASE	D2781	529
6A169Q	CROWN - 3/4 METAL BASE	D2781	529
6A170	CROWN - 3/4 METAL NOBLE	D2782	529
6A170Q	CROWN - 3/4 METAL NOBLE	D2782	529
6A171	CROWN - 3/4 PORC/CERAMIC	D2783	529
6A171Q	CROWN - 3/4 PORC/CERAMIC	D2783	529
6A172	CROWN - FULL METAL BASE	D2791	529
6A172Q	CROWN - FULL METAL BASE	D2791	529
6A173	CROWN - FULL METAL NOBLE	D2792	529
6A173Q	CROWN - FULL METAL NOBLE	D2792	529
6A174	RECEMENT CROWN	D2920	43
6A174Q	RECEMENT CROWN	D2920	43
6A175	CROWN - STAINLESS STEEL PERMANENT	D2931	142
6A175Q	CROWN - STAINLESS STEEL PERMANENT	D2931	142
6A176	CROWN - PREFAB RESIN	D2932	149
6A176Q	CROWN - PREFAB RESIN	D2932	149
6A177	CROWN - STAINLESS STEEL W/WINDOW	D2933	157
6A177Q	CROWN - STAINLESS STEEL W/WINDOW	D2933	157
6A178	SEDATIVE FILLING	D2940	48
6A178Q	SEDATIVE FILLING	D2940	48
6A179	CORE BUILDUP W/PINS	D2950	124
6A179Q	CORE BUILDUP W/PINS	D2950	124
6A180	PIN RETENTION - PER TOOTH	D2951	34
6A180Q	PIN RETENTION - PER TOOTH	D2951	34
6A181	CAST POST & CORE	D2952	163
6A181Q	CAST POST & CORE	D2952	163
6A182	EACH ADDITIONAL CAST POST	D2953	104
6A182Q	EACH ADDITIONAL CAST POST	D2953	104
6A183	PREFAB POST & CORE	D2954	163
6A183Q	PREFAB POST & CORE	D2954	163
6A184	POST REMOVAL	D2955	81
6A184Q	POST REMOVAL	D2955	81
6A185	EACH ADDITIONAL PREFAB POST	D2957	86
6A185Q	EACH ADDITIONAL PREFAB POST	D2957	86
6A186	TEMPORARY CROWN - FRACTURED TOOTH	D2970	123
6A186Q	TEMPORARY CROWN - FRACTURED TOOTH	D2970	123
6A187	CROWN REPAIR	D2980	43
6A187Q	CROWN REPAIR	D2980	43
6A188	PULPOTOMY	D3220	81
6A188Q	PULPOTOMY	D3220	81
6A189	GROSS PULPAL DEBRIDEMENT	D3221	84

6A189Q	GROSS PULPAL DEBRIDEMENT	D3221	84	
6A190	ROOT CANAL - ANTERIOR	D3310	340	
6A190Q	ROOT CANAL - ANTERIOR	D3310	340	
6A191	ROOT CANAL - BICUSPID	D3320	407	
6A191Q	ROOT CANAL - BICUSPID	D3320	407	
6A192	ROOT CANAL - MOLAR	D3330	497	
6A192Q	ROOT CANAL - MOLAR	D3330	497	
6A193	TREATMENT OF ROOT CANAL OBSTRUCTION	D3331	125	
6A193Q	TREATMENT OF ROOT CANAL OBSTRUCTION	D3331	125	
6A194	INCOMPLETE ENDODONTIC THERAPY	D3332	139	
6A194Q	INCOMPLETE ENDODONTIC THERAPY	D3332	139	
6A195	INTERNAL ROOT REPAIR - PERFORATION	D3333	108	
6A195Q	INTERNAL ROOT REPAIR - PERFORATION	D3333	108	
6A196	RETREATMENT - ANTERIOR	D3346	431	
6A196Q	RETREATMENT - ANTERIOR	D3346	431	
6A197	RETREATMENT - BICUSPID	D3347	471	
6A197Q	RETREATMENT - BICUSPID	D3347	471	
6A198	RETREATMENT - MOLAR	D3348	561	
6A198Q	RETREATMENT - MOLAR	D3348	561	
6A199	APEXIFICATION - INITIAL	D3351	192	
6A199Q	APEXIFICATION - INITIAL	D3351	192	
6A200	APEXIFICATION - INTERIM	D3352	87	
6A200Q	APEXIFICATION - INTERIM	D3352	87	
6A201	APEXIFICATION - FINAL	D3353	133	
6A201Q	APEXIFICATION - FINAL	D3353	133	
6A202	APICOECTOMY - ANTERIOR	D3410	334	
6A202Q	APICOECTOMY - ANTERIOR	D3410	334	
6A203	APICOECTOMY - BICUSPID	D3421	348	
6A203Q	APICOECTOMY - BICUSPID	D3421	348	
6A204	APICOECTOMY - MOLAR	D3425	376	
6A204Q	APICOECTOMY - MOLAR	D3425	376	
6A205	APICOECTOMY - ADDITIONAL ROOT	D3426	177	
6A205Q	APICOECTOMY - ADDITIONAL ROOT	D3426	177	
6A206	RETROGRADE FILLING - PER ROOT	D3430	130	
6A206Q	RETROGRADE FILLING - PER ROOT	D3430	130	
6A207	ROOT AMPUTATION - PER ROOT	D3450	262	
6A207Q	ROOT AMPUTATION - PER ROOT	D3450	262	
6A208	GINGIVECTOMY - 4+TEETH/QUADRANT	D4210	316	
6A208Q	GINGIVECTOMY - 4+TEETH/QUADRANT	D4210	316	
6A209	GINGIVECTOMY - 1-3 TEETH/QUADRANT	D4211	95	
6A209Q	GINGIVECTOMY - 1-3 TEETH/QUADRANT	D4211	95	
6A210	GINGIVAL FLAP - 4+TEETH/QUADRANT	D4240	317	
6A210Q	GINGIVAL FLAP - 4+TEETH/QUADRANT	D4240	317	
6A211	GINGIVAL FLAP - 1-3 TEETH/QUADRANT	D4241	79	
6A211Q	GINGIVAL FLAP - 1-3 TEETH/QUADRANT	D4241	79	
6A212	SCALE/ROOTPLANING 4+TEETH/QUADRNT	D4341	129	
6A212Q	SCALE/ROOTPLANING 4+TEETH/QUADRNT	D4341	129	
6A213	SCALE/ROOT PLANING 1-3 TEETH/QUAD	D4342	33	
6A213Q	SCALE/ROOTPLANING 1-3 TEETH/QUAD	D4342	33	
6A214	FULL MOUTH DEBRIDEMENT	D4355	91	
6A214Q	FULL MOUTH DEBRIDEMENT	D4355	91	
6A220Q	PERIODONTAL MAINTENANCE	D4910	76	Arlington Waiver Only
6A230	COMPLETE DENTURE - MAX	D5110	693	
6A230Q	COMPLETE DENTURE - MAX	D5110	693	
6A231	COMPLETE DENTURE - MAND	D5120	693	
6A231Q	COMPLETE DENTURE - MAND	D5120	693	
6A232	IMMEDIATE DENTURE - MAX	D5130	718	
6A232Q	IMMEDIATE DENTURE - MAX	D5130	718	
6A233	IMMEDIATE DENTURE - MAND	D5140	719	
6A233Q	IMMEDIATE DENTURE - MAND	D5140	719	
6A234	PARTIAL DENTURE - RESIN MAX	D5211	526	

6A234Q	PARTIAL DENTURE - RESIN MAX	D5211	526
6A235	PARTIAL DENTURE - RESIN MAND	D5212	530
6A235Q	PARTIAL DENTURE - RESIN MAND	D5212	530
6A236	PARTIAL DENTURE - METAL MAX	D5213	766
6A236Q	PARTIAL DENTURE - METAL MAX	D5213	766
6A237	PARTIAL DENTURE - METAL MAND	D5214	766
6A237Q	PARTIAL DENTURE - METAL MAND	D5214	766
6A238	REMOVABLE UNILATERAL DENTURE	D5281	460
6A238Q	REMOVABLE UNILATERAL DENTURE	D5281	460
6A239	ADJUSTMENT - COMPLETE MAX	D5410	40
6A239Q	ADJUSTMENT - COMPLETE MAX	D5410	40
6A240	ADJUSTMENT - COMPLETE MAND	D5411	43
6A240Q	ADJUSTMENT - COMPLETE MAND	D5411	43
6A241	ADJUSTMENT - PARTIAL MAX	D5421	43
6A241Q	ADJUSTMENT - PARTIAL MAX	D5421	43
6A242	ADJUSTMENT - PARTIAL MAND	D5422	42
6A242Q	ADJUSTMENT - PARTIAL MAND	D5422	42
6A243	REPAIR - COMPLETE DENTURE	D5510	96
6A243Q	REPAIR - COMPLETE DENTURE	D5510	96
6A244	REPAIR - MISSING/BROKEN TEETH	D5520	81
6A244Q	REPAIR - MISSING/BROKEN TEETH	D5520	81
6A245	REPAIR - DENTURE BASE	D5610	91
6A245Q	REPAIR - DENTURE BASE	D5610	91
6A246	REPAIR - CAST FRAMEWORK	D5620	144
6A246Q	REPAIR - CAST FRAMEWORK	D5620	144
6A247	REPAIR - BROKEN CLASP	D5630	120
6A247Q	REPAIR - BROKEN CLASP	D5630	120
6A248	REPLACE BROKEN TEETH	D5640	81
6A248Q	REPLACE BROKEN TEETH	D5640	81
6A249	ADD TOOTH - PARTIAL	D5650	101
6A249Q	ADD TOOTH - PARTIAL	D5650	101
6A250	ADD CLASP - PARTIAL	D5660	120
6A250Q	ADD CLASP - PARTIAL	D5660	120
6A251	REPLACE ALL TEETH - MAXILLARY	D5670	163
6A251Q	REPLACE ALL TEETH - MAXILLARY	D5670	163
6A252	REPLACE ALL TEETH - MANDIBULAR	D5671	163
6A252Q	REPLACE ALL TEETH - MANDIBULAR	D5671	163
6A253	REBASE - COMPLETE DENT - MAX	D5710	263
6A253Q	REBASE - COMPLETE DENT - MAX	D5710	263
6A254	REBASE - COMPLETE DENT - MAND	D5711	253
6A254Q	REBASE - COMPLETE DENT - MAND	D5711	253
6A255	REBASE - PARTIAL DENT - MAX	D5720	247
6A255Q	REBASE - PARTIAL DENT - MAX	D5720	247
6A256	REBASE - PARTIAL DENT - MAND	D5721	245
6A256Q	REBASE - PARTIAL DENT - MAND	D5721	245
6A257	RELINE - COMPLETE DENT MAX CHAIR	D5730	168
6A257Q	RELINE - COMPLETE DENT MAX CHAIR	D5730	168
6A258	RELINE - COMPLETE DENT MAND CHAIR	D5731	168
6A258Q	RELINE - COMPLETE DENT MAND CHAIR	D5731	168
6A259	RELINE - PARTIAL DENT MAX CHAIR	D5740	142
6A259Q	RELINE - PARTIEL DENT MAX CHAIR	D5740	142
6A260	RELINE - PARTIAL DENT MAND CHAIR	D5741	142
6A260Q	RELINE - PARTIAL DENT MAND CHAIR	D5741	142
6A261	RELINE - COMPLETE DENT MAX LAB	D5750	218
6A261Q	RELINE - COMPLETE DENT MAX LAB	D5750	218
6A262	RELINE - COMPLETE DENT MAND LAB	D5751	211
6A262Q	RELINE - COMPLETE DENT MAND LAB	D5751	211
6A263	RELINE - PARTIAL DENT MAX LAB	D5760	204
6A263Q	RELINE - PARTIAL DENT MAX LAB	D5760	204
6A264	RELINE - PARTIAL DENT MAND LAB	D5761	204
6A264Q	RELINE - PARTIAL DENT MAND LAB	D5761	204

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6A265	INTERIM COMPLETE DENT - MAX	D5810	381
6A265Q	INTERIM COMPLETE DENT - MAX	D5810	381
6A266	INTERIM COMPLETE DENT - MAND	D5811	410
6A266Q	INTERIM COMPLETE DENT - MAND	D5811	410
6A267	INTERIM PARTIAL DENT - MAX	D5820	295
6A267Q	INTERIM PARTIAL DENT - MAX	D5820	295
6A268	INTERIM PARTIAL DENT - MAND	D5821	312
6A268Q	INTERIM PARTIAL DENT - MAND	D5821	312
6A269	TISSUE CONDITIONING - MAX	D5850	72
6A269Q	TISSUE CONDITIONING - MAX	D5850	72
6A270	TISSUE CONDITIONING - MAND	D5851	76
6A270Q	TISSUE CONDITIONING - MAND	D5851	76
6A271	OVERDENTURE - COMP - BY REPORT	D5860	693
6A271Q	OVERDENTURE - COMP - BY REPORT	D5860	693
6A272	OVERDENTURE - PARTIAL - BY REPORT	D5861	693
6A272Q	OVERDENTURE - PARTIAL - BY REPORT	D5861	693
6A273	PRECISION ATTACHMENT - BY REPORT	D5862	120
6A273Q	PRECISION ATTACHMENT - BY REPORT	D5862	120
6A274	REPLACEMENT OF PREC ATTACHMENT	D5867	72
6A274Q	REPLACEMENT OF PREC ATTACHMENT	D5867	72
6A275	PONT CROWN - METAL BASE	D6211	529
6A275Q	PONT CROWN - METAL BASE	D6211	529
6A276	PONT CROWN - METAL NOBLE	D6212	529
6A276Q	PONT CROWN - METAL NOBLE	D6212	529
6A277	PONT CROWN - PORC/METAL BASE	D6241	529
6A277Q	PONT CROWN - PORC/METAL BASE	D6241	529
6A278	PONT CROWN - PORC/METAL NOBLE	D6242	529
6A278Q	PONT CROWN - PORC/METAL NOBLE	D6242	529
6A279	PONT CROWN - PORC/CERAMIC	D6245	529
6A279Q	PONT CROWN - PORC/CERAMIC	D6245	529
6A280	PONT CROWN - RESIN/METAL BASE	D6251	529
6A280Q	PONT CROWN - RESIN/METAL BASE	D6251	529
6A281	PONT CROWN - RESIN/METAL NOBLE	D6252	529
6A281Q	PONT CROWN - RESIN/METAL NOBLE	D6252	529
6A282	RETAINER - MET FOR RESIN BONDED	D6545	397
6A282Q	RETAINER - MET FOR RESIN BONDED	D6545	397
6A283	RETAINER -PORC/CER FOR RESIN BONDED	D6548	260
6A283Q	RETAINER -PORC/CER FOR RESIN BONDED	D6548	260
6A284	CROWN - RESIN/METAL BASE	D6721	529
6A284Q	CROWN - RESIN/METAL BASE	D6721	529
6A285	CROWN - RESIN/METAL NOBLE	D6722	529
6A285Q	CROWN - RESIN/METAL NOBLE	D6722	529
6A286	CROWN - PORC/CERAMIC	D6740	529
6A286Q	CROWN - PORC/CERAMIC	D6740	529
6A287	CROWN - PORC/METAL BASE	D6751	529
6A287Q	CROWN - PORC/METAL BASE	D6751	529
6A288	CROWN - PORC/METAL NOBLE	D6752	529
6A288Q	CROWN - PORC/METAL NOBLE	D6752	529
6A289	CROWN - 3/4 METAL BASE	D6781	529
6A289Q	CROWN - 3/4 METAL BASE	D6781	529
6A290	CROWN - 3/4 METAL NOBLE	D6782	529
6A290Q	CROWN - 3/4 METAL NOBLE	D6782	529
6A291	CROWN - 3/4 PORC/CERAMIC	D6783	529
6A291Q	CROWN - 3/4 PORC/CERAMIC	D6783	529
6A292	CROWN - FULL METAL BASE	D6791	529
6A292Q	CROWN - FULL METAL BASE	D6791	529
6A293	CROWN - FULL METAL NOBLE	D6792	529
6A293Q	CROWN - FULL METAL NOBLE	D6792	529
6A294	CONNECTOR BAR	D6920	108
6A294Q	CONNECTOR BAR	D6920	108
6A295	RECEMENT BRIDGE	D6930	71

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6A295Q	RECEMENT BRIDGE	D6930	71
6A296	STRESS BREAKER	D6940	143
6A296Q	STRESS BREAKER	D6940	143
6A297	PRECISION ATTACHMENT	D6950	285
6A297Q	PRECISION ATTACHMENT	D6950	285
6A298	CAST POST & CORE	D6970	192
6A298Q	CAST POST & CORE	D6970	192
6A300	PREFAB POST & CORE	D6972	163
6A300Q	PREFAB POST & CORE	D6972	163
6A301	CORE BUILDUP & PINS	D6973	124
6A301Q	CORE BUILDUP & PINS	D6973	124
6A302	COPING - METAL	D6975	373
6A302Q	COPING - METAL	D6975	373
6A303	EACH ADDITIONAL CAST POST	D6976	104
6A303Q	EACH ADDITIONAL CAST POST	D6976	104
6A304	EACH ADDITIONAL PREFAB POST	D6977	86
6A304Q	EACH ADDITIONAL PREFAB POST	D6977	86
6A305	BRIDGE REPAIR - BY REPORT	D6980	72
6A305Q	BRIDGE REPAIR - BY REPORT	D6980	72
6A307	EXTRACTION- ERUPTED OR EXPOSED ROOT	D7140	65
6A307Q	EXTRACTION -ERUPTED OR EXPOSED ROOT	D7140	65
6A308	EXTRACTION - SURGICAL	D7210	126
6A308Q	EXTRACTION - SURGICAL	D7210	126
6A309	IMPACTION - SOFT TISSUE	D7220	159
6A309Q	IMPACTION - SOFT TISSUE	D7220	159
6A310	IMPACTION - PARTIALLY BONY	D7230	208
6A310Q	IMPACTION - PARTIALLY BONY	D7230	208
6A311	IMPACTION - COMPLETELY BONY	D7240	240
6A311Q	IMPACTION - COMPLETELY BONY	D7240	240
6A312	IMPACTION - COMPLETELY BONY - COMP	D7241	336
6A312Q	IMPACTION - COMPLETELY BONY - COMP	D7241	336
6A313	SURGICAL REMOVAL OF RESIDUAL ROOTS	D7250	126
6A313Q	SURGICAL REMOVAL OF RESIDUAL ROOTS	D7250	126
6A314	OROANTRAL FISTULA CLOSURE	D7260	845
6A314Q	OROANTRAL FISTULA CLOSURE	D7260	845
6A315	TOOTH REIMPLANTATION	D7270	266
6A315Q	TOOTH REIMPLANTATION	D7270	266
6A316	TOOTH TRANSPLANTATION	D7272	424
6A316Q	TOOTH TRANSPLANTATION	D7272	424
6A317	SURGICAL ACCESS OF UNERUPTED TOOTH	D7280	195
6A317Q	SURGICAL ACCESS OF UNERUPTED TOOTH	D7280	195
6A319	MOBILIZATION OF ERUPTED TOOTH	D7282	167
6A319Q	MOBILIZATION OF ERUPTED TOOTH	D7282	167
6A320	BIOPSY - HARD	D7285	146
6A320Q	BIOPSY - HARD	D7285	146
6A321	BIOPSY - SOFT	D7286	137
6A321Q	BIOPSY - SOFT	D7286	137
6A322	ALVEOLOPLASTY W/ EXTRACTIONS	D7310	127
6A322Q	ALVEOLOPLASTY W/ EXTRACTIONS	D7310	127
6A323	ALVEOLOPLASTY W/O EXTRACTIONS	D7320	174
6A323Q	ALVEOLOPLASTY W/O EXTRACTIONS	D7320	174
6A324	EXCISION BENIGN - 1.25 CM	D7410	169
6A324Q	EXCISION BENIGN - 1.25 CM	D7410	169
6A325	EXCISION MALIGNANT - 1.25 CM	D7413	378
6A325Q	EXCISION MALIGNANT - 1.25 CM	D7413	378
6A326	EXCISION MALIGNANT TUMOR - 1.25 CM	D7440	378
6A326Q	EXCISION MALIGNANT TUMOR - 1.25 CM	D7440	378
6A327	REMOVAL ODONTOGENIC - 1.25 CM	D7450	255
6A327Q	REMOVAL ODONTOGENIC - 1.25 CM	D7450	255
6A328	REMOVAL NONODONTOGENIC - 1.25 CM	D7460	200
6A328Q	REMOVAL NONODONTOGENIC - 1.25 CM	D7460	200

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6A329	DESTRUCTION BY PHYSICAL / CHEMICAL	D7465	168
6A329Q	DESTRUCTION BY PHYSICAL / CHEMICAL	D7465	168
6A330	REMOVAL OF LATERAL EXOSTOSIS	D7471	147
6A330Q	REMOVAL OF LATERAL EXOSTOSIS	D7471	147
6A331	REMOVAL OF TORUS PALATINUS	D7472	147
6A331Q	REMOVAL OF TORUS PALATINUS	D7472	147
6A332	REMOVAL OF TORUS MANDIBULARIS	D7473	147
6A332Q	REMOVAL OF TORUS MANDIBULARIS	D7473	147
6A333	SURGICAL REDUCTION OF TUBEROSITY	D7485	147
6A333Q	SURGICAL REDUCTION OF TUBEROSITY	D7485	147
6A334	INCISION & DRAINAGE - INTRAORAL	D7510	116
6A334Q	INCISION & SRAINAGE - INTRAORAL	D7510	116
6A335	REMOVAL OF FOREIGN BODY	D7530	111
6A335Q	REMOVAL OF FOREIGN BODY	D7530	111
6A336	REMOVAL OF REACTION-PROD BODIES	D7540	294
6A336Q	REMOVAL OF REACTION-PROD BODIES	D7540	294
6A337	OCCLUSAL ORTHOTIC DEVICE-BY REPORT	D7880	395
6A337Q	OCCLUSAL ORTHOTIC DEVICE-BY REPORT	D7880	395
6A338	EXCISION OF HYPERPLASTIC TISSUE	D7970	105
6A338Q	EXCISION OF HYPERPLASTIC TISSUE	D7970	105
6A339	EXCISION OF PERIOCORONAL GINGIVA	D7971	111
6A339Q	EXCISION OF PERIOCORONAL GINGIVA	D7971	111
6A340	SURGICAL RED OF FIBROUS TUBEROSITY	D7972	72
6A340Q	SURGICAL RED OF FIBROUS TUBEROSITY	D7972	72
6A341	APPLIANCE REMOVAL	D7997	180
6A341Q	APPLIANCE REMOVAL	D7997	180
6A342	PALLIATIVE TREATMENT	D9110	48
6A342Q	PALLIATIVE TREATMENT	D9110	48
6A343	LOCAL ANESTHESIA W/O PROCEDURE	D9210	17
6A343Q	LOCAL ANESTHESIA W/O PROCEDURE	D9210	17
6A344	REGIONAL BLOCK ANESTHESIA	D9211	25
6A344Q	REGIONAL BLOCK ANESTHESIA	D9211	25
6A345	TRIGEMINAL DIVISION BLOCK ANESTHSIA	D9212	51
6A345Q	TRIGEMINAL DIVISION BLOCK ANESTHSIA	D9212	51
6A346	LOCAL ANESTHESIA	D9215	17
6A346Q	LOCAL ANESTHESIA	D9215	17
6A347	GENERAL ANESTHESIA - 1ST 30 MIN	D9220	214
6A347Q	GENERAL ANESTHESIA - 1ST 30 MIN	D9220	214
6A348	GENERAL ANESTHESIA - EACH 15 MIN	D9221	75
6A348Q	GENERAL ANESTHESIA - EACH 15 MIN	D9221	75
6A349	ANALGESIA	D9230	29
6A349Q	ANALGESIA	D9230	29
6A350	IV SEDATION - 1ST 30 MIN	D9241	189
6A350Q	IV SEDATION - 1ST 30 MIN	D9241	189
6A351	IV SEDATION - EACH 15 MIN	D9242	68
6A351Q	IV SEDATION - EACH 15 MIN	D9242	68
6A352	NON-INTRAVENOUS CONSCIOUS SEDATION	D9248	85
6A352Q	NON-INTRAVENOUS CONSCIOUS SEDATION	D9248	85
6A353	DESENSITIZING MEDICAMENT	D9910	21
6A353Q	DESENSITIZING MEDICAMENT	D9910	21
6A354	DESENSITIZING RESIN	D9911	39
6A354Q	DESENSITIZING RESIN	D9911	39
6A355	OCCLUSAL GUARD	D9940	263
6A355Q	OCCLUSAL GUARD	D9940	263
6A356	ODONTOPLASTY	D9971	59
6A356Q	ODONTOPLASTY	D9971	59
6A357	OTHER DRUGS/MEDS, BY REPORT	D9630	26
6A357Q	OTHER DRUGS/MEDS, BY REPORT	D9630	26
6A358	CROWN - PORC/METAL HIGH NOBLE	D2750	529
6A358Q	CROWN - PORC/METAL HIGH NOBLE	D2750	529
6A359	BITEWING - THREE FILMS	D0273	23

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6A359Q	BITEWING - THREE FILMS	D0273	23
6A360	THERAPUTIC DRUG INJECTION BY REPORT	D9610	25
6A360Q	THERAPUTIC DRUG INJECTION BY REPORT	D9610	25
6A361	PARTIAL DENTURE-FLEXIBLE BASE-MAX	D5225	526
6A361Q	PARTIAL DENTURE-FLEXIBLE BASE-MAX	D5225	526
6A362	PARTIAL DENTURE-FLEXIBLE BASE-MAND	D5226	530
6A362Q	PARTIAL DENTURE-FLEXIBLE BASE-MAND	D5226	530
9A120	SD PERIODIC ORAL EXAM	D0120	23
9A121	SD LIMITED ORAL EVALUATION	D0140	23
9A122	SD COMPREHENSIVE ORAL EVALUATION	D0150	29
9A123	SD DETAILED & EXTENSIVE ORAL EVAL	D0160	41
9A124	SD RE-EVALUATION - LIMITED	D0170	23
9A125	SD INTRAORAL - COMPLETE SERIES	D0210	61
9A126	SD INTRAORAL - PERIPICAL 1ST FILM	D0220	12
9A127	SD INTRAORAL - PERIPICAL EACH ADDNL	D0230	10
9A128	SD INTRAORAL - OCCLUSAL FILM	D0240	12
9A129	SD EXTRAORAL - 1ST FILM	D0250	14
9A130	SD EXTRAORAL - EACH ADDITIONAL	D0260	14
9A131	SD BITEWING - SINGLE FILM	D0270	11
9A132	SD BITEWING - TWO FILMS	D0272	18
9A133	SD BITEWING - FOUR FILMS	D0274	28
9A134	SD VERTICAL BITEWINGS -7 TO 8 FILMS	D0277	38
9A135	SD TOMOGRAPHIC SURVEY	D0322	335
9A136	SD PANORAMIC FILM	D0330	49
9A137	SD CEPHALOMETRIC FILM	D0340	57
9A138	SD PULP VITALITY TESTS	D0460	29
9A139	SD DIAGNOSTIC CASTS	D0470	53
9A150	SD AMALGAM - 1 SURFACE PERM TOOTH	D2140	59
9A151	SD AMALAGM - 2 SURFACE PERM TOOTH	D2150	72
9A152	SD AMALAGM - 3 SURFACE PERM TOOTH	D2160	82
9A153	SD AMALGAM - 4+ SURFACE PERM TOOTH	D2161	88
9A154	SD COMPOSITE - 1 SURF ANTERIOR	D2330	59
9A155	SD COMPOSITE - 2 SURF ANTERIOR	D2331	72
9A156	SD COMPOSITE - 3 SURF ANTERIOR	D2332	82
9A157	SD COMPOSITE - 4+ SURF ANTERIOR	D2335	88
9A158	SD COMPOSITE CRWN-ANTERIOR PERM TTH	D2390	161
9A159	SD COMPOSITE 1SURF POSTERIOR PERM T	D2391	59
9A160	SD COMPOSITE 2SURF POSTERIOR PERM T	D2392	72
9A161	SD COMPOSITE 3SURF POSTERIOR PERM T	D2393	82
9A162	SD COMPOSITE 4+SURF POSTERIOR PRM T	D2394	88
9A163	SD CROWN - RESIN INDIRECT	D2710	156
9A164	SD CROWN - RESIN/METAL BASE	D2721	529
9A165	SD CROWN - RESIN/METAL NOBLE	D2722	529
9A166	SD CROWN - PORC/CERAMIC	D2740	529
9A167	SD CROWN - PORC/METAL BASE	D2751	529
9A168	SD CROWN - PORC/METAL NOBLE	D2752	529
9A169	SD CROWN - 3/4 METAL BASE	D2781	529
9A170	SD CROWN - 3/4 METAL NOBLE	D2782	529
9A171	SD CROWN - 3/4 PORC/CERAMIC	D2783	529
9A172	SD CROWN - FULL METAL BASE	D2791	529
9A173	SD CROWN - FULL METAL NOBLE	D2792	529
9A174	SD RECEMENT CROWN	D2920	43
9A175	SD CROWN -STAINLESS STEEL PERMANENT	D2931	142
9A176	SD CROWN - PREFAB RESIN	D2932	149
9A177	SD CROWN - STAINLESS STEEL W/WINDOW	D2933	157
9A178	SD SEDATIVE FILLING	D2940	48
9A179	SD CORE BUILDUP W/PINS	D2950	124
9A180	SD PIN RETENTION - PER TOOTH	D2951	34
9A181	SD CAST POST & CORE	D2952	163
9A182	SD EACH ADDITIONAL CAST POST	D2953	104
9A183	SD PREFAB POST & CORE	D2954	163

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9A184	SD POST REMOVAL	D2955	81
9A185	SD EACH ADDITIONAL PREFAB POST	D2957	86
9A186	SD TEMPORARY CROWN -FRACTURED TOOTH	D2970	123
9A187	SD CROWN REPAIR	D2980	43
9A188	SD PULPOTOMY	D3220	81
9A189	SD GROSS PULPAL DEBRIDEMENT	D3221	84
9A190	SD ROOT CANAL - ANTERIOR	D3310	340
9A191	SD ROOT CANAL - BICUSPID	D3320	407
9A192	SD ROOT CANAL - MOLAR	D3330	497
9A193	SD TREATMENT OF ROOT CANAL OBSTRUCT	D3331	125
9A194	SD INCOMPLETE ENDODONTIC THERAPY	D3332	139
9A195	SD INTERNAL ROOT REPAIR-PERFORATION	D3333	108
9A196	SD RETREATMENT - ANTERIOR	D3346	431
9A197	SD RETREATMENT - BICUSPID	D3347	471
9A198	SD RETREATMENT - MOLAR	D3348	561
9A199	SD APEXIFICATION - INITIAL	D3351	192
9A200	SD APEXIFICATION - INTERIM	D3352	87
9A201	SD APEXIFICATION - FINAL	D3353	133
9A202	SD APICOECTOMY - ANTERIOR	D3410	334
9A203	SD APICOECTOMY - BICUSPID	D3421	348
9A204	SD APICOECTOMY - MOLAR	D3425	376
9A205	SD APICOECTOMY - ADDITIONAL ROOT	D3426	177
9A206	SD RETROGRADE FILLING - PER ROOT	D3430	130
9A207	SD ROOT AMPUTATION - PER ROOT	D3450	262
9A208	SD GINGIVECTOMY - 4+TEETH/QUADRANT	D4210	316
9A209	SD GINGIVECTOMY:1-3 TEETH/QUADRANT	D4211	95
9A210	SD GINGIVAL FLAP: 4+TEETH/QUADRANT	D4240	317
9A211	SD GINGIVAL FLAP:1-3 TEETH/QUADRANT	D4241	79
9A212	SD SCALE/ROOTPLANING 4+TEETH/QUAD	D4341	129
9A213	SD SCALE/ROOTPLANING 1-3 TEETH/QD	D4342	33
9A214	SD FULL MOUTH DEBRIDEMENT	D4355	91
9A230	SD COMPLETE DENTURE - MAX	D5110	693
9A231	SD COMPLETE DENTURE - MAND	D5120	693
9A232	SD IMMEDIATE DENTURE - MAX	D5130	718
9A233	SD IMMEDIATE DENTURE - MAND	D5140	719
9A234	SD PARTIAL DENTURE - RESIN MAX	D5211	526
9A235	SD PARTIAL DENTURE - RESIN MAND	D5212	530
9A236	SD PARTIAL DENTURE - METAL MAX	D5213	766
9A237	SD PARTIAL DENTURE - METAL MAND	D5214	766
9A238	SD REMOVABLE UNILATERAL DENTURE	D5281	460
9A239	SD ADJUSTMENT - COMPLETE MAX	D5410	40
9A240	SD ADJUSTMENT - COMPLETE MAND	D5411	43
9A241	SD ADJUSTMENT - PARTIAL MAX	D5421	43
9A242	SD ADJUSTMENT - PARTIAL MAND	D5422	42
9A243	SD REPAIR - COMPLETE DENTURE	D5510	96
9A244	SD REPAIR - MISSING/BROKEN TEETH	D5520	81
9A245	SD REPAIR - DENTURE BASE	D5610	91
9A246	SD REPAIR - CAST FRAMEWORK	D5620	144
9A247	SD REPAIR - BROKEN CLASP	D5630	120
9A248	SD REPLACE BROKEN TEETH	D5640	81
9A249	SD ADD TOOTH - PARTIAL	D5650	101
9A250	SD ADD CLASP - PARTIAL	D5660	120
9A251	SD REPLACE ALL TEETH - MAXILLARY	D5670	163
9A252	SD REPLACE ALL TEETH - MANDIBULAR	D5671	163
9A253	SD REBASE - COMPLETE DENT - MAX	D5710	263
9A254	SD REBASE - COMPLETE DENT - MAND	D5711	253
9A255	SD REBASE - PARTIAL DENT - MAX	D5720	247
9A256	SD REBASE - PARTIAL DENT - MAND	D5721	245
9A257	SD RELINE - COMPLETE DENT MAX CHAIR	D5730	168
9A258	SD RELINE -COMPLETE DENT MAND CHAIR	D5731	168
9A259	SD RELINE - PARTIAL DENT MAX CHAIR	D5740	142

9A260	SD RELINE - PARTIAL DENT MAND CHAIR	D5741	142
9A261	SD RELINE - COMPLETE DENT MAX LAB	D5750	218
9A262	SD RELINE - COMPLETE DENT MAND LAB	D5751	211
9A263	SD RELINE - PARTIAL DENT MAX LAB	D5760	204
9A264	SD RELINE - PARTIAL DENT MAND LAB	D5761	204
9A265	SD INTERIM COMPLETE DENT - MAX	D5810	381
9A266	SD INTERIM COMPLETE DENT - MAND	D5811	410
9A267	SD INTERIM PARTIAL DENT - MAX	D5820	295
9A268	SD INTERIM PARTIAL DENT - MAND	D5821	312
9A269	SD TISSUE CONDITIONING - MAX	D5850	72
9A270	SD TISSUE CONDITIONING - MAND	D5851	76
9A271	SD OVERDENTURE - COMP - BY REPORT	D5860	693
9A272	SD OVERDENTURE -PARTIAL - BY REPORT	D5861	693
9A273	SD PRECISION ATTACHMENT - BY REPORT	D5862	120
9A274	SD REPLACEMENT OF PREC ATTACHMENT	D5867	72
9A275	SD PONT CROWN - METAL BASE	D6211	529
9A276	SD PONT CROWN - METAL NOBLE	D6212	529
9A277	SD PONT CROWN - PORC/METAL BASE	D6241	529
9A278	SD PONT CROWN - PORC/METAL NOBLE	D6242	529
9A279	SD PONT CROWN - PORC/CERAMIC	D6245	529
9A280	SD PONT CROWN - RESIN/METAL BASE	D6251	529
9A281	SD PONT CROWN - RESIN/METAL NOBLE	D6252	529
9A282	SD RETAINER - MET FOR RESIN BONDED	D6545	397
9A283	SD RETAINER PORC/CER FOR RESIN BOND	D6548	260
9A284	SD CROWN - RESIN/METAL BASE	D6721	529
9A285	SD CROWN - RESIN/METAL NOBLE	D6722	529
9A286	SD CROWN - PORC/CERAMIC	D6740	529
9A287	SD CROWN - PORC/METAL BASE	D6751	529
9A288	SD CROWN - PORC/METAL NOBLE	D6752	529
9A289	SD CROWN - 3/4 METAL BASE	D6781	529
9A290	SD CROWN - 3/4 METAL NOBLE	D6782	529
9A291	SD CROWN - 3/4 PORC/CERAMIC	D6783	529
9A292	SD CROWN - FULL METAL BASE	D6791	529
9A293	SD CROWN - FULL METAL NOBLE	D6792	529
9A294	SD CONNECTOR BAR	D6920	108
9A295	SD RECEMENT BRIDGE	D6930	71
9A296	SD STRESS BREAKER	D6940	143
9A297	SD PRECISION ATTACHMENT	D6950	285
9A298	SD CAST POST & CORE	D6970	192
9A300	SD PREFAB POST & CORE	D6972	163
9A301	SD CORE BUILDUP & PINS	D6973	124
9A302	SD COPING - METAL	D6975	373
9A303	SD EACH ADDITIONAL CAST POST	D6976	104
9A304	SD EACH ADDITIONAL PREFAB POST	D6977	86
9A305	SD BRIDGE REPAIR - BY REPORT	D6980	72
9A307	SD EXTRACTION ERUPTED/EXPOSED ROOT	D7140	65
9A308	SD EXTRACTION - SURGICAL	D7210	126
9A309	SD IMPACTION - SOFT TISSUE	D7220	159
9A310	SD IMPACTION - PARTIALLY BONY	D7230	208
9A311	SD IMPACTION - COMPLETELY BONY	D7240	240
9A312	SD IMPACTION -COMPLETELY BONY -COMP	D7241	336
9A313	SD SURG REMOVAL OF RESIDUAL ROOTS	D7250	126
9A314	SD OROANTRAL FISTULA CLOSURE	D7260	845
9A315	SD TOOTH REIMPLANTATION	D7270	266
9A316	SD TOOTH TRANSPLANTATION	D7272	424
9A317	SD SURG ACCESS OF UNERUPTED TOOTH	D7280	195
9A319	SD MOBILIZATION OF ERUPTED TOOTH	D7282	167
9A320	SD BIOPSY - HARD	D7285	146
9A321	SD BIOPSY - SOFT	D7286	137
9A322	SD ALVEOPLASTY W/EXTRACTIONS	D7310	127
9A323	SD ALVEOPLASTY W/O EXTRACTIONS	D7320	174

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9A325	SD EXCISION MALIGNANT - 1.25 CM	D7413	378
9A326	SD EXCISION MALIGNANT TUMOR 1.25 CM	D7440	378
9A327	SD REMOVAL ODONTOGENIC - 1.25 CM	D7450	255
9A328	SD REMOVAL NONODINTOGENIC - 1.25 CM	D7460	200
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9A330	SD REMOVAL OF LATERAL EXOSTOSIS	D7471	147
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9A345	SD TRIGEMINAL DIVISION BLOCK ANESTH	D9212	51
9A346	SD LOCAL ANESTHESIA	D9215	17
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9A355	SD OCCLUSAL GUARD	D9940	263
9A356	SD ODONTOPLASTY	D9971	59
9A357	SD OTHER DRUGS/MEDS, BY REPORT	D9630	26
9A358	SD CROWN - PORC/METAL HIGH NOBLE	D2750	529
9A359	SD BITEWING - THREE FILMS	D0273	23
9A360	SD THERAPUTIC DRUG INJCT BY REPORT	D9610	25
9A361	SD PARTL DENTURE-FLEXIBLE BASE-MAX	D5225	526
9A362	SD PARTL DENTURE-FLEXIBL BASE-MAND	D5226	530

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF INTELLECTUAL DISABILITIES SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

MEMORANDUM

MEMO # 0126

DATE: November 16, 2009

TO: Regional Directors

FROM: Debra Payne, Interim Deputy Commissioner

SUBJECT: Coverage of Adult Dental Sedation by TennCare Managed Care Organizations

****

This memo clarifies the responsibility of TennCare Managed Care Organizations (MCOs) regarding coverage of medically necessary adult dental sedation or anesthesia.

Dental services for adults age 21 and older are not covered under the TennCare Section 1115 demonstration waiver program. They are, however, covered as medically necessary and in accordance with the applicable approved service definition in each of the State's three (3) Section 1915(c) Home and Community-Based Services (HCBS) Waivers for persons with mental retardation (i.e., MR Waiver Programs).

While there are differences among the adult dental services benefit covered under each of the MR Waiver Programs, the approved definition in *each* waiver includes coverage of dental sedation or anesthesia provided in the dentist's office, i.e., *"Intravenous sedation or other anesthesia services provided in the dentist's office may be provided by and billed by the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications."* Such services provided in the dentist's office should be billed as a waiver service and not to an MCO.

When dental sedation or anesthesia cannot be appropriately provided in the dentist's office, and it is medically necessary for waiver adult dental services to be provided under general anesthesia or intravenous sedation in a hospital inpatient or outpatient facility or in an ambulatory surgical center, the participant's TennCare MCO is responsible for coverage of medically necessary facility, anesthesia, and medical services.

TennCare MCOs are responsible *only* for medically necessary facility, anesthesia, and medical services related to the provision of medically necessary covered waiver adult dental services. MCOs are not responsible for reimbursement of adult dental *services*, or for payment of dental sedation or anesthesia provided *in a dentist's office*.

Please distribute this memo to your staff and to dentists and other service providers, as appropriate.

DP:wlm

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Dental Services

New Provider Resource Packet

Some information is attached about Dental service, but for full/other details access the Tennessee Department of Finance and Administration, Bureau of TennCare General Rules at

- http://tennessee.gov/sos/rules/1200/1200-13/1200-13-01.pdf
- 1200-13-1-25 for persons on the "Statewide" Waiver
- 1200-13-1-28 for persons on the "Arlington" Waiver.
- 1200-13-1-29 for persons on the "Self Determination Waiver.

DIDD offers extensive information to consumers and providers on its website http://www.tn.gov/didd.

- To access the DIDD Provider manual click on Provider Info. The Provider manual Chapter 15.5 addresses Dental Services. The information is attached.
- DIDD Service Definitions: Adult Dental and Dental Services (Arlington Waiver only) The information is attached.
- To access Waiver Amendments, Waiver Rates and Services click on Provider Info then click on the section.
- To obtain the name of each Regional Intake/Case Management Director, click on Contact Us.
- To locate the DIDD providers directory click Provider Info then click the Provider Development section.
- To locate DIDD policies and related information about Dental Services, click on Provider Info, then Policies, also see Commissioner's correspondence.

To address questions about Dental Services contact:

Tom Cheetham, MD, Office of Health Services Director
615-253-6711
Thomas.Cheetham@tn.gov
Bill Feldhaus, Imterim State Director of Nursing , Office of Health Services
615-253-6095
Bill.Feldhaus@tn.gov

See the attached information: **DIDD Contract Services/Subcontract Processing**

Although it is not required, **WE STRONGLY RECOMMEND** that you attend a Regional New Provider Orientation, **SPECIFICALLY** the component on Billing and Fiscal Accountability.

The persons listed below may address your questions on **billing and the reimbursement process.**

West –
Vickie Connell
(901) 745-7760

Middle –
Linda Arnold
(615) 884-6084

East –
Kim Neas
(423) 787-6757 ext 114

Department of Finance and Administration, DIDD Fiscal Accountability Review (FAR) (see the attachment)

Memo # 0126, Subject Coverage of Adult Dental Sedation by TennCare Managed Care Organizations (see the attachment).

Waiver Amendment Notice March 10, 2011 to Waiver Enrollee (see the attachment).

DIDD
CONTRACT SERVICES

SUBCONTRACT PROCESSING

Subcontracts Overview

- Provider Manual Section 6.9. Provider Subcontracts:
- ....Provider subcontracts are to be submitted to DIDD Central Office for approval....DIDD is currently finalizing a standard subcontract format which, once approved by TennCare, will be required to be used by DIDD providers when subcontracts are established.
- When finalized, form will be located on DIDD website.

Subcontracts Process

- Download subcontract form from DIDD website.
- Complete, secure signatures and mail to: Julia Jinnette, State of TN/Dept. of Intellectual and Developmental Disabilities, Frost Building, 2nd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243.
- Include Copy of current license, proof of insurance, fingerprint/background investigation results of Subcontractor.

Subcontracts Process (cont.)

- DIDD will audit and make recommendations to Commissioner for approval or denial.
- Approval/Denial Letter from Commissioner is emailed to Provider.
- Provider shall keep all pertinent subcontract documentation on file for audit purposes.
- Provider shall notify DIDD Contract Services any cancellations of subcontracts.

SUBCONTRACTS

- A Provider uses the Subcontract for an individual or agency who is performing, for the Provider, services that are listed on the Provider's Agreement under

Section A.2.: Approved Services

Medicaid Home and Community Based Waiver Services (HCBS) Programs

Currently, Tennessee has three (3) waiver programs for people with intellectual disabilities. The three (3) waivers are:

1. Home and Community Based Services Waiver for Persons with Mental Retardation (Arlington Waiver).
2. Home and Community Based Services Waiver for the Mentally Retarded and the Developmentally Disabled (Statewide Waiver).
3. Tennessee Self- Determination Waiver Program.

Table 1. Services Available Through The Medicaid HCBS Waiver Programs

Waiver Service	Statewide Waiver (0128)	Arlington Waiver (357)	Self-Determination Waiver (0427)
Behavior Services	Yes	Yes	Yes
Behavior Respite Services	Yes	Yes	Yes
Day Services	Yes	Yes	Yes
Dental Services (Adult) *	Yes	No	Yes
Dental Services Enhanced (Adult) *	No	Yes	No
Environmental Accessibility Modifications	Yes	Yes	Yes
Family Model Residential Support	Yes	Yes	No
Financial Administration Entity Services	No	No	Yes
Individual Transportation Services	Yes	Yes	Yes
Intensive Behavioral Residential Support	Yes	Yes	No
Medical Residential Services	Yes	Yes	No
Nursing Services	Yes	Yes	Yes
Nutrition Services	Yes	Yes	Yes
Occupational Therapy	Yes	Yes	Yes
Orientation and Mobility Training	Yes	Yes	Yes
Personal Assistance	Yes	Yes	Yes
Personal Emergency Response System	Yes	Yes	Yes
Physical Therapy	Yes	Yes	Yes
Residential Habilitation	Yes	Yes	No
Respite	Yes	Yes	Yes
Semi-Independent Living Services	No	No	Yes
Specialized Medical Equipment, Supplies, and Assistive Technology	Yes	Yes	Yes
Speech, Language, and Hearing Services	Yes	Yes	Yes
Support Coordination	Yes	Yes	No (uses state-funded case managers)
Supported Living	Yes	Yes	No
Supports Brokerage Services	No	No	Yes
Vision Services	No	Yes	No

RULES
OF
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

CHAPTER 1200-13-01
TENNCARE LONG-TERM CARE PROGRAMS

TABLE OF CONTENTS

1200-13-01-.01 PURPOSE.

(1) The purpose of this Chapter is to set forth requirements pertaining to the Long-Term Care (LTC) delivery system.

(2) The Bureau of TennCare (Bureau) offers the following LTC programs and services:

(a) Nursing Facility (NF) services.

1. Until such time as the TennCare CHOICES in Long-Term Care Program (CHOICES) is implemented in a particular Grand Division, NF services shall be administered by the Bureau under a Fee-for-Service (FFS) system and in accordance with this Chapter.

2. At the time that CHOICES is implemented in a particular Grand Division, NF services for eligible residents of that Grand Division shall be administered by the Managed Care Organizations (MCOs) under the Managed Care System and in accordance with this Chapter.

3. At the time that CHOICES is fully implemented statewide, all NF services shall be administered by the MCOs under the Managed Care System and in accordance with this Chapter.

(Rule 1200-13-01-.23, continued)

1. If an individual is admitted to a nursing facility as a Medicare patient, with a "30-day hospital discharge exemption" on the PASRR screen form, and it is determined that the individual will need to extend the stay beyond 30 days, it is the responsibility of the nursing facility to notify TennCare and to ensure that a PASRR evaluation is completed no more than 40 days from the original date of admission (i.e., within 10 days of expiration of the 30-day exemption). If Medicaid reimbursement will be sought, this includes submission and disposition of the PAE which will be required in order to timely complete the PASRR evaluation.

2. If an individual enters the facility with an exemption of "120-day short term stay" on the PASRR screen form and it is determined that the individual will need to extend the stay beyond 120 days, it is the responsibility of the nursing facility to notify TennCare at least seven (7) working days prior to expiration of the 120 days in order to ensure that a PASRR evaluation is completed timely before the 120-day exemption expires. If Medicaid reimbursement will be sought, the PAE must also be submitted to TennCare with sufficient time for review and approval. In such case, it is the responsibility of the nursing facility to notify TennCare and to submit a completed PAE at least ten (10) working days prior to expiration of the 120 days in order to ensure that a PASRR evaluation is completed timely before the 120-day exemption expires.

(3) Right to Appeal - Each patient has the right to appeal any decision made. The appeal process will be handled in accordance with T.C.A. §71-5-113.

Authority: *T.C.A. §§ 4-5-202, 4-5-208, 4-5-209, 71-5-105 and 71-5-109.* ***Administrative History:*** *Original rule filed June 29, 1989; effective August 14, 1989. Amendment filed March 30, 1995; effective June 15, 1995. Public necessity rule filed July 1, 2009; effective through December 13, 2009. Amendment filed September 11, 2009; effective December 10, 2009. Emergency rule filed March 1, 2010; effective through August 28, 2010. Amendments filed May 27, 2010; effective August 25, 2010.*

1200-13-01-.24 REPEALED.

Authority: *T.C.A. §§ 4-5-202, 71-5-105, 71-5-109.* ***Administrative History:*** *Original rule filed October 21, 1991; effective December 5, 1991. Amendment filed March 18, 1994; effective June 1, 1994. Repeal filed May 5, 2009; effective July 19, 2009.*

1200-13-01-.25 TENNESSEE'S HOME AND COMMUNITY BASED SERVICES WAIVER FOR THE MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED UNDER SECTION 1915 (c) OF THE SOCIAL SECURITY ACT (STATEWIDE MR WAIVER).

(1) Definitions: The following definitions shall apply for interpretation of this rule:

(a) Adult Dental Services - accepted dental procedures which are provided to adult Enrollees (i.e., age 21 years or older) as specified in the Plan of Care. Adult Dental Services may include fillings, root canals, extractions, the provision of dentures and other dental treatments to relieve pain and infection. Preventive dental care is not covered under Adult Dental Services.

(b) Behavioral Respite Services - services that provide Respite for an Enrollee who is experiencing a behavioral crisis that necessitates removal from the current residential setting in order to resolve the behavioral crisis.

(c) Behavior Services – assessment and amelioration of Enrollee behavior that presents a health or safety risk to the Enrollee or others or that significantly interferes with home or

(Rule 1200-13-01-.25, continued)

Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled.

(pp) Supported Living - a type of residential service having individualized services and supports that enable an Enrollee to acquire, retain or improve skills necessary to reside in a home that is under the control and responsibility of the Enrollee. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the Enrollee, budget management, attending appointments, and interpersonal and social skills building to enable the Enrollee to live in a home in the community. It also may include medication administration as permitted under Tennessee's Nurse Practice Act.

(qq) Transfer Form - the form approved by the State Medicaid Agency and used to document the transfer of an Enrollee having an approved unexpired ICF/MR Pre-Admission Evaluation from the Waiver to an ICF/MR, from an ICF/MR to the Waiver or from one MR Waiver program to another MR Waiver program. For purposes of transfer to an MR Waiver program, whether from an ICF/MR or from another MR Waiver program, such Transfer Form shall be processed by TennCare only if submitted by the Division of Intellectual Disabilities Services (DIDS). DIDS shall submit a Transfer Form only after verifying that the person otherwise meets all applicable admission criteria for the applicable MR Waiver program, as the Transfer Form accomplishes only the transfer of the level of care eligibility.

(rr) Vehicle Accessibility Modifications - interior or exterior physical modifications to a vehicle owned by the Enrollee or to a vehicle which is owned by the guardian or conservator of the Enrollee and which is routinely available for transport of the Enrollee. Such modifications must be intended to ensure the transport of the Enrollee in a safe manner.

✓ (2) Covered Services and Limitations.

(a) Adult Dental Services.

1. Adult Dental Services shall not include hospital outpatient or inpatient facility services or related anesthesiology, radiology, pathology, or other medical services in such setting.

2. Adult Dental Services shall exclude orthodontic services.

3. Adult Dental Services shall be limited to adults age twenty-one (21) years or older who are enrolled in the waiver.

(b) Behavioral Respite Services.

1. Behavioral Respite Services may be provided in a Medicaid-certified ICF/MR, in a licensed respite care facility, or in a home operated by a licensed residential provider.

2. Reimbursement shall not be made for the cost of room and board except when provided as part of Behavioral Respite Services furnished in a facility approved by the State that is not a private residence.

3. Behavioral Respite Services shall be limited to a maximum of sixty (60) days per Enrollee per year.

(Rule 1200-13-01-.28, continued)

participate in community activities and utilize community resources; to acquire and maintain employment; and to participate in retirement activities.

(g) Denial - as used in regard to Waiver Services, the term shall mean the termination, suspension, or reduction in amount, scope, and duration of a Waiver Service or a refusal or failure to provide such service.

(h) Dental Services - accepted dental procedures which are provided to Enrollees age twenty-one (21) years or older, as specified in the Plan of Care. Dental Services may include preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures, and other dental treatments to relieve pain and infection.

(i) Disenrollment - the voluntary or involuntary termination of enrollment of an individual receiving services through the Home and Community Based Services Waiver for Persons with Mental Retardation.

(j) Enrollee - a Medicaid Eligible who is enrolled in the Home and Community Based Services Waiver for Persons with Mental Retardation.

(k) Environmental Accessibility Modifications – only those interior or exterior physical modifications to the Enrollee's place of residence which are required to ensure the health, welfare and safety of the Enrollee or which are necessary to enable the Enrollee to function with greater independence.

(l) Family Model Residential Support – a type of residential service having individualized services and supports that enable an Enrollee to acquire, retain, or improve skills necessary to reside successfully in a family environment in the home of trained caregivers other than the family of origin. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the enrollee, budget management, attending appointments, and interpersonal and social skills building to enable the Enrollee to live in a home in the community. It also may include medication administration as permitted under Tennessee's Nurse Practice Act.

(m) Home (of an Enrollee) - the residence or dwelling in which the Enrollee resides, excluding hospitals, nursing facilities, Intermediate Care Facilities for the Mentally Retarded, Assisted Living Facilities and Homes for the Aged.

(n) Home and Community Based Services Waiver for Persons with Mental Retardation or "Waiver" - the Home and Community Based Services waiver program approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid-eligible individuals who have mental retardation and who meet the criteria for Medicaid reimbursement of care in an Intermediate Care Facility for the Mentally Retarded.

(o) ICF/MR Pre-Admission Evaluation (ICF/MR PAE) – the assessment form used by the State Medicaid Agency to document the current medical and habilitative needs of an individual with mental retardation and to document that the individual meets the Medicaid level of care eligibility criteria for care in an ICF/MR.

(p) Individual Support Plan – the individualized written Plan of Care.

(q) Individual Transportation Services –non-emergency transport of an Enrollee to and from approved activities specified in the Plan of Care.

(Rule 1200-13-01-.28, continued)

1. Day Services may be provided in settings such as specialized facilities licensed to provide Day Services, community centers or other community sites, or job sites. Services may also be provided in the Enrollee's place of residence if there is a health, behavioral, or other medical reason or if the Enrollee has chosen retirement. This service shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for the Mentally Retarded (ICF/MR's).

2. With the exception of employment that is staff supported, Day Services shall be provided only on weekdays during the day (i.e., between the hours of 7:30 a.m. and 6:00 p.m.), as specified in the Plan of Care.

3. Day Services shall be limited to a maximum of six (6) hours per day and five (5) days per week up to a maximum of 243 days per Enrollee per year.

4. Transportation to and from the Enrollee's place of residence to Day Services and transportation that is needed during the time that the Enrollee is receiving Day Services shall be a component of Day Services and shall be included in the Day Services reimbursement rate (i.e., it shall not be billed as a separate Waiver service) with the following exceptions:

   (i) Transportation to and from medical services covered through the Medicaid State Plan, which shall not be billed as a Waiver service; or

   (ii) Transportation necessary for Orientation and Mobility Training.

5. Day Services shall not replace services available under a program funded by the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

6. For an Enrollee receiving employment supports, reimbursement shall not be made for incentive payments, subsidies or unrelated vocational training expenses such as the following:

   (i) Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

   (ii) Payments that are passed through to users of supported employment programs; or

   (iii) Payments for vocational training that is not directly related to an Enrollee's supported employment program.

(d) Dental Services.

1. Dental Services shall not include hospital outpatient or inpatient facility services or related anesthesiology, radiology, pathology, or other medical services in such setting.

2. Dental Services shall exclude orthodontic services.

3. Dental Services shall be limited to adults age twenty-one (21) years or older who are enrolled in the Waiver.

(e) Environmental Accessibility Modifications.

(Rule 1200-13-01-.28, continued)

showing the individual's amount of monthly income and shall submit them to the Tennessee Department of Human Services. The Tennessee Department of Human Services shall issue the appropriate forms to the Operational Administrative Agency and to the State Medicaid Agency's fiscal agent that processes and pays vendor claims, specifying the amount of patient liability to be applied toward the cost of care for the Enrollee.

(d) The Operational Administrative Agency shall submit bills for services to the State Medicaid Agency's fiscal agent using a claim form approved by the State Medicaid Agency. On claim forms, the Operational Administrative Agency shall use a provider number assigned by the State Medicaid Agency.

(e) Reimbursement shall not be made to the Operational Administrative Agency for therapeutic leave or hospital leave for Enrollees in the Waiver.

(f) Medicaid benefits other than those specified in the Waiver's scope of Covered Services shall be reimbursed by the State Medicaid Agency as otherwise provided for by federal and state rules and regulations.

(g) The Operational Administrative Agency shall be responsible for obtaining the physician's initial certification and subsequent Enrollee re-evaluations. Failure to perform re-evaluations in a timely manner and in the format approved by the State Medicaid Agency shall require a corrective action plan and shall result in partial or full recoupment of all amounts paid by the State Medicaid Agency during the time period when a re-evaluation had lapsed.

(h) The State Medicaid Agency shall be responsible for defining and establishing the billing units to be used by the Operational Administrative Agency in billing for Waiver Services.

(i) An Operational Administrative Agency that enrolls an individual without an approved ICF/MR Pre-Admission Evaluation or, where applicable, an approved Transfer Form does so without the assurance of reimbursement. An Operational Administrative Agency that enrolls an individual who has not been determined by the Tennessee Department of Human Services to be financially eligible to have Medicaid make reimbursement for covered services does so without the assurance of reimbursement.

(11) Appeals. An Enrollee shall have the right to appeal an adverse action in accordance with TennCare rule 1200-13-13-.11.

Authority: *T.C.A. §§ 4-5-202, 4-5-208, 4-5-209, 71-5-105, 71-5-109, Executive Order No. 29.* ***Administrative History:*** *Original rule filed June 20, 2007; effective September 3, 2007. Public necessity rules filed July 1, 2009; effective through December 13, 2009. Amendments filed September 11, 2009; effective December 10, 2009. Emergency rule filed March 1, 2010; effective through August 28, 2010. Amendments filed May 27, 2010; effective August 25, 2010.*

1200-13-01-.29 TENNESSEE'S SELF-DETERMINATION WAIVER UNDER SECTION 1915(c) OF THE SOCIAL SECURITY ACT (SELF-DETERMINATION MR WAIVER PROGRAM).

(1) Definitions: The following definitions shall apply for interpretation of this rule:

(a) Adult Dental Services - accepted dental procedures which are provided to adult Enrollees (i.e., age 21 years or older) as specified in the Plan of Care. Adult Dental Services may include fillings, root canals, extractions, the provision of dentures and other dental treatments to relieve pain and infection. Preventive dental care is not covered under Adult Dental Services.

(Rule 1200-13-01-.29, continued)

(mm) Speech, Language and Hearing Services – diagnostic, therapeutic and corrective services, which are within the scope of state licensure which enable an Enrollee to improve or maintain current functional abilities and to prevent or minimize deterioration of chronic conditions leading to a further loss of function.

(nn) State Medicaid Agency – the Bureau in the Tennessee Department of Finance and Administration which is responsible for administration of the Title XIX Medicaid program in Tennessee.

(oo) Subcontractor - an individual, organized partnership, professional corporation, or other legal association or entity which enters into a written contract with the Operational Administrative Agency to provide Waiver Services to an Enrollee.

(pp) Supports Broker – the person or entity that provides Supports Brokerage services to an Enrollee.

(qq) Supports Brokerage – an activity designed to enable an Enrollee to manage self-directed services and provide assistance to the Enrollee to locate, access and coordinate needed services. It includes provision of training to the Enrollee in Enrollee-managed services; assistance in the recruitment of individual providers of Enrollee-managed services and negotiation of payment rates; assistance in the scheduling, training and supervision of individual providers; assistance in managing and monitoring the Enrollee's budget; and assistance in monitoring and evaluating the performance of individual providers. It may also include assistance in locating and securing services and supports and other community resources that promote community integration, community membership and independence.

(rr) Tennessee Self-Determination Waiver Program or "Waiver" - the Home and Community Based Services waiver program approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid-eligible individuals on the Waiting List who have mental retardation and who meet the criteria for Medicaid reimbursement of care in an Intermediate Care Facility for the Mentally Retarded.

(ss) Transfer Form - the form approved by the State Medicaid Agency and used to document the transfer of an Enrollee having an approved unexpired ICF/MR Pre-Admission Evaluation from the Waiver to an ICF/MR, from an ICF/MR to the Waiver or from one MR Waiver program to another MR Waiver program. For purposes of transfer to an MR Waiver program, whether from an ICF/MR or from another MR Waiver program, such Transfer Form shall be processed by TennCare only if submitted by the Division of Intellectual Disabilities Services (DIDS). DIDS shall submit a Transfer Form only after verifying that the person otherwise meets all applicable admission criteria for the applicable MR Waiver program, as the Transfer Form accomplishes only the transfer of the level of care eligibility.

(tt) Vehicle Accessibility Modifications - Interior or exterior physical modifications to a vehicle owned by the Enrollee or to a vehicle which is owned by the guardian or conservator of the Enrollee and which is routinely available for transport of the Enrollee. Such modifications must be intended to ensure the transport of the Enrollee in a safe manner.

(uu) Waiting List – A document prepared and updated by the Operational Administrative Agency which lists persons who are seeking home and community-based mental retardation services in Tennessee.

(2) Self-Direction of Covered Services.

(Rule 1200-13-01-.29, continued)

(a) Self-Directed Services.

1. The Covered Services specified in subparagraph (2)(b) may be Self-Directed or Self-Managed by the Enrollee or the Enrollee's guardian or conservator in accordance with State Medicaid Agency guidelines.

2. The Enrollee or the Enrollee's guardian or conservator shall have the right to decide whether to Self-Direct the Covered Services specified in subparagraph (2)(b) or to receive them through the provider-directed service delivery method. When the Enrollee or the Enrollee's guardian or conservator does not choose to Self-Direct a Covered Service, such service shall be furnished through the provider-directed service delivery method.

3. When the Enrollee or the Enrollee's guardian or conservator elects to Self-Direct one or more of the Covered Services specified in Subparagraph (2)(b), a Financial Administration Entity must provide Financial Administration services.

(b) The following Covered Services may be Self-Directed:

1. Day Services which are not facility-based.

2. Individual Transportation Services.

3. Personal Assistance.

4. Respite Services when provided by an approved respite provider who serves only one (1) Enrollee.

(c) The following Covered Services shall not be Self-Directed:

1. Adult Dental Services.

2. Behavioral Respite Services.

3. Behavior Services.

4. Day Services which are facility-based.

5. Emergency Assistance.

6. Nursing Services.

7. Nutrition Services.

8. Occupational Therapy Services.

9. Orientation and Mobility Training.

10. Personal Emergency Response Systems.

11. Physical Therapy Services.

12. Respite Services when provided by an approved respite provider who serves more than one (1) Enrollee.

(Rule 1200-13-01-.29, continued)

13. Specialized Medical Equipment and Supplies and Assistive Technology.

14. Speech, Language and Hearing Services.

(d) Termination of Self-Direction of Covered Services.

1. Self-Direction of Covered Services by the Enrollee may be voluntarily terminated by the Enrollee or the Enrollee's guardian or conservator at any time.

2. Self-Direction of Covered Services by the Enrollee may be involuntarily terminated for any of the following reasons:

(I) The Enrollee or the Enrollee's guardian or conservator does not carry out the responsibilities required for the Self-Direction of Covered Services; or

(II) Continued use of Self-Direction as the method of service management would result in the inability of the Operational Administrative Agency to ensure the health and safety of the Enrollee.

3. Termination of Self-Direction of Covered Services shall not affect the Enrollee's receipt of Covered Services. Covered Services shall continue to be provided through the provider-directed method of service delivery.

(e) Changing the Amount of Self-Directed Services by the Enrollee.

1. The Enrollee shall have the flexibility to change the amount of those Self-Directed Covered Services specified in subparagraph (2)(b) that have been approved in the Individual Support Plan if:

(I) The change is consistent with the needs, goals, and objectives identified in the Individual Support Plan;

(II) The change does not affect the total amount of the Enrollee's self-determination budget; and

(III) The Enrollee notifies the Financial Administration Entity, the Supports Broker (if applicable) and the Case Manager.

2. The Case Manager and the Financial Administration Entity shall maintain documentation of such changes by the Enrollee in the amount of the Self-Directed Covered Services for audit purposes.

(3) Covered Services and Limitations.

(a) Adult Dental Services.

1. Adult Dental Services shall not include hospital outpatient or inpatient facility services or related anesthesiology, radiology, pathology, or other medical services in such setting.

2. Adult Dental Services shall exclude orthodontic services.

3. Adult Dental Services shall be limited to adults age twenty-one (21) years or older who are enrolled in the waiver.

(b) Behavioral Respite Services.

Adult Dental Services

Adult Dental Services shall mean medically necessary:

a. Dental procedures (e.g., fillings, root canals, extractions, the provision of dentures, and other dental treatments to relieve pain and infection) which have dental procedure codes listed in the current "TennCare Maximum Reimbursement Rate Schedule for Dental Services" that is used specifically for HCBS waiver-dental services; and

b. Intravenous sedation or other anesthesia services provided in the dentist's office by, and billed by, the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications.

Orthodontic services, routine dental exams and cleanings, and preventive services are excluded from coverage.

Adult Dental Services shall not be covered for children under age 21 years (since it would duplicate TennCare/EPSDT benefits).

Dental residents in training may provide Adult Dental Services if they work under the direct supervision of a licensed dentist who is physically present when such services are being provided and if the licensed dentist materially participates in the provision of the Adult Dental Services.

Applicable limits, if any, on the amount, frequency, or duration of this service:
Adult Dental Services shall be limited to a maximum of $5,000 per waiver participant per waiver program year, and a maximum of $7,500 per waiver participant across three (3) consecutive waiver program years.

Return To Waiver Service Definitions

Dental Services (Arlington Waiver only)

Dental Services shall mean medically necessary:

a. Dental procedures (e.g., preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures, and other dental treatments to relieve pain and infection) which have dental procedure codes listed in the current "TennCare Maximum Reimbursement Rate Schedule for Dental Services" that is used specifically for HCBS waiver dental services; and

b. Intravenous sedation or other anesthesia services provided in the dentist's office by, and billed by, the dentist or by a nurse anesthetist or anesthesiologist who meets the waiver provider qualifications.

Orthodontic services are excluded from coverage.

Dental Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program. Dental Services shall not be covered for children under age 21 years (since it would duplicate TennCare/EPSDT benefits).

Dental residents in training may provide Dental Services if they work under the direct supervision of a licensed dentist who is physically present when such services are being provided and if the licensed dentist materially participates in the provision of the Dental Services.

Applicable limits, if any, on the amount, frequency, or duration of this service:
Dental Services shall be limited to a maximum of $5,000 per waiver participant per waiver program year, and a maximum of $7,500 per waiver participant across three (3) consecutive waiver program years.

Return To Waiver Service Definitions

15.3.n. Integration of Nutrition Services Into the Service Recipient's Daily Schedule: Integration requirements specified in ***Chapter 13, Section 13.18.*** are applicable to nutrition providers.

15.4. Vision Services

15.4.a. Waiver Definition for Vision Services: Vision services are available only to service recipients enrolled in the "Arlington" Waiver. The waiver definition for vision services approved by the Centers for Medicaid and Medicare Services (CMS) is:

Vision Services: Vision Services shall mean routine eye examinations and refraction; standard or special frames for eyeglasses; standard, bifocal, multi-focal, or special lenses for eyeglasses; contact lenses; and dispensing fees for ophthalmologists, optometrists, and opticians;

Vision Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Vision Services for children enrolled in the waiver are provided through the TennCare EPSDT program.

15.4.b. Obtaining Approval for Vision Services: A unit of vision services must be defined in the service recipient's ISP. Vision services are paid in accordance with the current TennCare vision services rate schedule. The ISP, ISP amendment or ISP update establishing the need for vision services must be submitted to the Regional Office by the service recipient's support coordinator/case manager. Any alternative funding resources, such as the TennCare Managed Care Organization or private insurance must have been exhausted before waiver vision services may be accessed. The TennCare program does not cover routine eye examinations and refraction, eyeglass frames or contact lens for adults over the age of 21. The ISP must be authorized in writing by the Regional Office prior to implementation.

15.5. Adult Dental Services

15.5.a. Waiver Definition for Adult Dental Services: The definitions for dental services differ in different waiver programs. The "Statewide" waiver definition for Adult Dental Services shall apply to the Tennessee Self Determination Waiver Program and to DMRS state-funded dental services.. The "Statewide" waiver definition for Adult Dental Services is:

Adult Dental Services: Adult Dental Services shall mean accepted dental procedures which are provided to adult enrollees (i.e., age 21 years or older) as specified in the plan of care and for which there is no coverage for adults through the Medicaid State

Plan/TennCare program. Adult Dental Services may include fillings, root canals, extractions, the provision of dentures and other dental treatments to relieve pain and infection. Anesthesia services provided in the dentist's office and billed by the dentist shall be included within the definition of Adult Dental Services. Adult Dental Services shall not include hospital outpatient or inpatient facility services or related anesthesiology, radiology, pathology or other medical services in such setting. Adult Dental Services shall exclude orthodontic services.

Adult Dental Services shall be limited to adults age 21 years or older who are enrolled in the waiver. Adult Dental Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program.

15.5.b. Waiver Definition for Dental Services: The waiver definition for Dental Services shall only apply to service recipients enrolled in the "Arlington" Waiver. The "Arlington" Waiver definition for dental services is:

Dental Services: Dental Services shall mean accepted dental procedures which are provided to adult enrollees (i.e., age 21 years or older) as specified in the plan of care and for which there is no coverage for adults through the Medicaid State Plan/TennCare program. Dental Services may include preventive dental services, fillings, root canals, extractions, periodontics, the provision of dentures and other dental treatments to relieve pain and infection. Anesthesia services provided in the dentist's office and billed by the dentist shall be included within the definition of Dental Services. Dental Services shall not include hospital outpatient or inpatient facility services or related anesthesiology, radiology, pathology or other medical services in such setting. Dental Services shall exclude orthodontic services.

Dental Services shall be limited to adults age 21 years or older who are enrolled in the waiver. Dental Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Dental Services for children enrolled in the waiver are provided through the TennCare EPSDT program.

15.5.c. Obtaining Approval of Adult Dental or Dental Services: A unit of dental services must be defined in the ISP. Dental units are paid in accordance with the current TennCare dental rate schedule. Services will be approved only if alternative funding sources, such as a TennCare MCO or private insurance have been exhausted. Dental services must be recommended by a licensed dentist. A Dental Treatment Plan with itemized costs is required. If sedation is required, there must be written justification by a qualified professional. Routine dental care (e.g. preventive examinations, cleanings, etc.) is not covered through statewide waiver Adult Dental Services. Preventive dental care is

covered under Dental Services in the Arlington Waiver. Dental procedures requiring hospitalization or out-patient surgery are not covered. The ISP, ISP amendment or ISP update documenting the need for the dental service being requested must be submitted to the Regional Office for approval. Approval must be obtained in writing from the Regional Office prior to provision of the dental service.

POLICIES AND PROCEDURES State of Tennessee Department of Intellectual and Developmental Disabilities	Policy #: 70.1.1	Page 1 of 3
Policy Type: Community/ Waiver	Effective Date: August 3, 2012	
Approved by: James M. Henry Commissioner	Supersedes: P-017- B. Last Review or Revision: July 26, 2012	
Subject: FISCAL ACCOUNTABILITY REVIEW		

I. **AUTHORITY:** Tennessee Department of Finance and Administration's Policy 22, Subrecipient Contract Monitoring; the Tennessee Subrecipient Contract Monitoring Manual; the Provider Agreement(s) between TennCare, DIDD, and provider; and the DIDD Provider Manual; Deficit Reduction Act of 2005; DIDD Policy P-011; Tennessee Code Annotated, Section 4-18-101 thru 4-18-106 and Tennessee Code Annotated, Section 71-5-181 thru 71-5-184.

II. **PURPOSE:** This policy clarifies the process by which the Office of Quality Management in the Department of Intellectual and Developmental Disabilities (DIDD) performs Fiscal Accountability Review (FAR) audits of DIDD providers and how data from audits are aggregated, analyzed, remediated, and reported.

III. **APPLICATION:** This policy applies to DIDD Office of Quality Management staff and to other DIDD Central Office staff who are responsible for data aggregation, analysis, reporting, and remediation.

IV. **DEFINITIONS:**

A. **Fiscal Accountability Review** or **FAR** shall mean the Fiscal Accountability Review Unit in the Office of Quality Management in the Department of Intellectual and Developmental Disabilities.

B. **Home and Community Based Services Waiver** or **Waiver** shall means a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet criteria for Medicaid criteria of reimbursement in an Intermediate Care Facility for People with Intellectual Disabilities. The HCBS waivers for people with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual Disabilities with oversight from TennCare, the state Medicaid agency

a. Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled (#0128.R04.01) and any amendments thereto;

b. Home and Community Based Services Waiver for Persons with Mental Retardation (#0367.R02.01) and any amendments thereto; and

c. Tennessee Self-Determination Waiver Program (#0427.R01.03) and any amendments thereto.

C. **Opportunity for Recoupment Review (ORR)** shall mean an informal administrative review of recoupment findings to be conducted by the DIDD Director of Risk Management (formally DIDD Director of Internal Audit), the DIDD Regional Director or designee, or Assistant Commissioner of Quality Management or designee.

V. **POLICY:** The Fiscal Accountability Review (FAR) Unit in the DIDD Office of Quality Management will conduct financial audits and evaluate compliance of providers with state and federal laws, rules, and regulations and with DIDD policies.

VI. **PROCEDURES:**

A. Sampling Methodology: During the last quarter of the calendar year, the Fiscal Accountability Review Unit shall generate a list of all DIDD service providers whose billing exceeds $300,000 for the previous state fiscal year. All of these providers will be audited by the FAR Unit. Audit samples shall be determined in accordance with the following:

A 15% sample of persons-supported served by that provider shall be reviewed. Through the use of a random number generator, a minimum of 5 persons- supported and maximum of 30 persons-supported shall be selected for review.

B. Review Period: A Fiscal Year (FY) monitoring cycle will be utilized. The auditor assigned to the provider will choose a 3-month period of time from the applicable Fiscal Year for which records will be reviewed. (i.e. FY11 contracts will be monitored during calendar year 2011) This methodology allows for at least six months of billings to be available for review even in the early months of the calendar year in which the reviews are conducted.

C. Performance of Reviews: Auditors in the DIDD Fiscal Accountability Review Unit will review the services billed by the provider for the service recipients in the sample. The audit will check for documentation to support the billing for the service (including service type, amount, frequency, duration, and authorization period) and will identify issues for potential recoupment. The auditor will submit a draft report of findings to the Assistant Commissioner of Quality Management or designee, who will review, approve, and prepare a final report of the audit findings.

In addition to the sample reviewed above, the scope of the audit may be expanded to further investigate areas of concern.

D. Notification of Survey Findings: The Assistant Commissioner of Quality Management or designee (formally Regional Director/ designee or Director of Internal Audit) will send the audit findings final report to the provider and a response will be requested. Copies of this report and the resolution will be provided to the Comptroller of the Treasury, TennCare Quality Review Unit, TennCare Division of Internal Audit, the DIDD Deputy Commissioner of Program Operations, the DIDD Central Financial Officer, the DIDD Fiscal Director and the applicable DIDD Regional Director.

E. Remediation: The provider shall have 15 business days from the date of the mailing/ delivery of the above notice to advise the Assistant Commissioner of Quality Management (formally Regional Director/ designee or Director of Internal Audit) in writing that the provider requests an informal administrative review in accordance with the Provider Agreement Section A.21 (b); Opportunity for Recoupment Review (ORR).

Once the request is received, a date for the ORR will be established. The ORR may be performed in the context of a face-to-face meeting or by the submission of additional documentation, at the discretion of the Assistant Commissioner of Quality Management. The provider may include additional information to justify the billing(s) in question, agree with the finding(s), identify strategies to improve the documentation and billing processes, or a combination of the above. When the ORR is completed, the Assistant Commissioner of Quality Management (formally Regional Director/ designee or Director of Internal Audit) will issue a memo regarding the resolution of the findings or recoupment, as applicable.

If the request for an ORR is not received timely, the Provider has waived its ORR and the Assistant Commissioner of Quality Management will initiate recoupment proceedings. If necessary, this will be accomplished by withholding money from provider payments.

At this point, identified findings are considered **conclusive and final**.

VII. **ATTACHMENTS**: None.

VIII. **TENNCARE APPROVAL:** November 30, 2011

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 18TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

March 3, 2011

HCBS Providers in the Statewide, Arlington and Self-Determination Waivers for Persons with Intellectual Disabilities:

The purpose of this letter is to advise you of changes in the Statewide, Arlington, and Self-Determination waiver programs for persons with Intellectual Disabilities, and how such changes will be implemented. These changes were set forth in the Department of Intellectual and Developmental Disabilities (DIDD—then, DIDS) budget for Fiscal Year 2011, passed by the Tennessee General Assembly in the Appropriations Bill for FY 2011, and approved by the Centers for Medicare and Medicaid Services (CMS) on February 15, 2011. These changes include new limitations on certain services, the elimination of one service, and the ability for DIDD to become a provider and/or contractor (i.e., an "Organized Health Care Delivery System") for two services—namely, Dental Services and Specialized Medical Equipment and Supplies and Assistive Technology.

The benefit changes are as follows:

- Nursing Services are limited to a maximum of 48 units (12 hours) per day per waiver participant.
- Personal Assistance services are limited to a maximum of 860 units (215 hours) per waiver participant per month.
- Nutrition Services are limited to a maximum of six (6) visits per waiver participant per waiver program year, of which no more than one (1) visit per waiver program year may be a Nutrition Services assessment.
- Dental Services are limited to a maximum of $5,000 per service recipient per waiver program year, and a maximum of $7,500 per service recipient across three (3) consecutive waiver program years.
- Environmental Accessibility Modifications are limited to a maximum of $15,000 per service recipient per three (3) consecutive waiver program years. In addition, Environmental Accessibility Modifications will be available only for newly enrolled waiver participants, including (but not limited to) persons transitioning to the community from an institutional setting, and existing waiver participants who have recently experienced a significant loss of mobility function.
- Vehicle Modifications are no longer a covered benefit.

The changes will be implemented as follows:

1. The benefit changes apply to all waiver participants without exception.

2. The benefit changes are effective as of the date of CMS approval of the waiver amendments on February 15, 2011, and will be immediately applied to all *new* requests for these services (including increases in existing services). Denials of new requests for services in excess of the new limits (including requests for Vehicle Modifications which are no longer covered) will be accompanied by notice of action, advising the waiver participant that such services are no longer covered under the applicable waiver. Fair hearings will be granted only for valid factual disputes pertaining to these changes, and not for challenges pertaining only to the State's policy decision to implement these changes. Valid factual disputes include such things as whether the State accurately counted the amount of benefits received.

3. This week, a notice was issued by DIDD advising all waiver participants of the new limits, regardless of whether such services are currently approved in their Individual Support Plans (ISPs). A copy of that notice is attached hereto. Please note that receipt of notice is presumed to occur within 5 days of its mail date.

4. As a general rule, authorizations for Vehicle Modifications and for services in excess of the new benefit limits that were approved prior to the date of receipt of the member notice are void. Vehicle Modifications and services in excess of the new benefit limits are no longer covered under the terms of the approved waivers. There are two exceptions.

   The first exception is continuation of PA and/or Nursing Services as described below. The second exception is Vehicle Modifications that have already been authorized AND initiated, but not yet completed as of the date of receipt of the member notice. If the modification has been authorized but not yet initiated by that date, the benefit is no longer covered. This exception is not applicable for Environmental Accessibility Modifications since the new benefit limit simply extends the existing limit across an additional year (i.e., 3 calendar years instead of 2). Thus, services in excess of the new limit should not have been approved or initiated in the first place.

5. The Office of Civil Rights has received a complaint regarding certain individuals currently receiving PA services in excess of the new benefit limit. The State has agreed to withhold implementation of the new limit *only* for persons currently receiving PA services in excess of the new limit pending resolution of that complaint. However, the new limits will be immediately applied to all new PA requests, including requests to increase PA services that would result in the new limits being exceeded by additional waiver participants or requests to further increase PA services for persons already receiving services in excess of the new limits.

6. Once the complaint is resolved and the State can proceed, application of the new limits to persons currently receiving PA in excess of the new limits will proceed only after an individualized assessment of whether any changes are needed in the individual's plan of care in order to ensure that his/her needs can continue to be safely met in the waiver. This could result in the provision of assistance by family members or other unpaid caregivers, or the receipt of a different mix of waiver services. Once such determination

has been made and any new services needed are ready to begin, an individualized notice will be issued, advising the person of the effective date that his/her PA services will be reduced. The reduction of PA and transition to any new services needed should be coordinated to occur *at the same time*. Independent Support Coordinators (ISCs) will be responsible for conducting the assessment and for any changes in the ISP, as well as coordinating a seamless transition. Forms will be provided by DIDD that must be completed by ISCs in order to document transition planning efforts and to ensure that all steps of the process are followed.

7. Application of the new limits to persons currently receiving Nursing Services in excess of the new limits will proceed in the same manner as PA (see #5 above), except that transition planning will commence immediately.

8. **Annual benefit limits** – all annual limits are applied across the waiver program year (1/1-12/31). For 2011, new annual limits are effective as of the date of CMS approval, February 15, 2011. Thus, for 2011 only, we will count from February 15 through December 31.

9. **Multi-year benefit limits** – all multi-year limits must be applied across the same program years. All new 3-year limits will be counted beginning with 2011, 2012 and 2013, with the next 3-year period beginning on 1/1/14. This is true regardless of when a person is enrolled into the waiver. Thus, persons who enroll into one of the waivers during the multi-year period have access to the full amount of the benefit limit applicable across the multi-year period.

   Because the 3-year limit on Dental Services is new, the first 3-year period will start on February 15, 2011 (the effective date of CMS approval) and run through December 31, 2013. Three-year periods thereafter will begin on January 1 of the first year and run through December 31 of the 3rd year.

   This is not the case for Environmental Accessibility Modifications, since the benefit limit was already in place and has only been extended across an additional year (3 calendar years instead of 2).

If you have any questions regarding these new benefits or how such limits will be applied, please contact Linda Sharer at 615-741-6157.

Sincerely,

Debra K. Payne, DIDD Acting Commissioner

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 16TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

March 10, 2011

Dear Waiver Enrollee,

Your HCBS Waiver benefits are changing.

You are enrolled in a HCBS (Home and Community Based Services) waiver for people with Intellectual Disabilities. This could be the Statewide, Arlington or Self-Determination waivers.

The Centers for Medicare and Medicaid Services have approved changes to the services you can get through these waivers. The changes below were approved on February 15, 2011:

1. **Vehicle Modifications** are **not covered** anymore. This is true even if they have been approved in your Individual Support Plan (ISP).
2. And, some services have **new limits.** Services above these limits are **not covered** anymore. This is true even if they have been approved in your ISP.
   - **Nursing Services** are limited to 48 units (12 hours) per day.
   - **Personal Assistance** (PA) services are limited to 860 units (215 hours) per month.
   - **Nutrition Services** are limited to 6 visits per calendar year. Only 1 of those visits each year can be a Nutrition Services assessment.
   - **Dental Services** are limited to $5,000 per calendar year and $7,500 across 3 years in a row.
   - **Environmental Accessibility Modifications** are limited to $15,000 across 3 years in a row. AND, going forward, they'll **only** be covered for someone who:
     - Is newly enrolled in the waiver;
     - OR has had a recent and severe loss of mobility.

These changes apply to **everyone** enrolled in these waivers.

The federal government gives the State the right to make these changes.
[Amendments to the Statewide Waiver (CMS Control #0128.R04), Arlington Waiver (CMS Control #0357.R02) and Self-Determination Waiver (CMS Control #0427.R01), approved February 15, 2011]

You can get a copy of the amended waivers on the Internet at:
http://www.tn.gov/didd/provider_agencies/index.html

OR, you can call DIDD at **865-588-0508 x 142.**

More facts about Nursing and PA Services

You can get up to **48 units (12 hours) of Nursing Services each day.**
You can get up to **860 units (215 hours) PA services each month.**

Are you getting Nursing or PA services above the new limits?
You'll keep getting the same amount of Nursing or PA services for now.

DIDD has asked your ISC (Independent Support Coordinator) and your Circle of Support to review your ISP (Individual Support Plan). They'll see if you'll need changes in your ISP once your Nursing or PA services are reduced. This could mean that family members or others will help with more of your care. It could also mean that you need other waiver services. If so, your ISC will help get those services in place before your Nursing or PA services are reduced.

It's VERY IMPORTANT that you and your family member/conservator help your ISC decide what services you will need. You are an important part of the Circle of Support.

What if you **don't** participate in putting together a new ISP? Then, the rest of your Circle of Support will put together the new ISP.

When will Nursing or PA Services above the new limits be reduced?

- **If you're getting Nursing Services above the new limits:**

Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when your Nursing Services will be reduced.

- **If you're getting PA services above the new limits:**

A complaint has been filed with the Office of Civil Rights (OCR) about the new PA limit. Until the complaint is resolved, you can keep getting the same amount of PA services you're getting now. What happens if OCR decides that DIDD can start the new PA limit? Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when **your** PA services will be reduced.

More facts about Nutrition Services:

You can get up to 6 visits each year. Only 1 of those visits can be an assessment. For this year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

What about Nutrition Services above the new limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Nutrition Services you got on or after February 15, 2011 will count against your new limit. If you already got more than 6 Nutrition Services visits, you won't get any more Nutrition Services until January 1, 2012. If you already got more than 1 Nutrition Services assessment, you won't get any more Nutrition Services assessments until January 1, 2012.

More facts about Dental Services:

You can get up to $5,000 per calendar year and up to $7,500 across 3 years in a row. For this year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

The first 3-year limit will start on February 15, 2011 and end on December 31, 2013. Starting in 2014, we'll start counting on January 1, 2014 and stop counting on December 31, 2016. We'll count every 3 years after that.

What about Dental Services above the new annual or 3-year limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Dental Services you got on or after February 15, 2011 will count against your limit. If you already got Dental Services that cost $5,000 or more (but less than $7,500), you won't get any more Dental Services until January 1, 2012. If you already got Dental Services that cost $7,500 or more, you won't get any more Dental Services until January 1, 2014.

More facts about Environmental Accessibility Modifications:

You can get up to $15,000 across 3 years in a row. This is the same limit that was in place before, except that now we'll count 3 years in a row instead of 2. So, services you got before February 15, 2011 count against your limit. The first 3 years will be 2011, 2012, and 2013. The next 3 years will be 2014, 2015, and 2016. If you already got Environmental Accessibility Modifications that cost $15,000 or more, you won't get any more Environmental Accessibility Modifications until 2014.

What if you and DIDD disagree about how much care you've already gotten? Then, you can appeal.

More facts about Vehicle Modifications:

Starting February 15, 2011, they are **not covered** anymore.

What about Vehicle Modifications you got BEFORE you got this letter?
As long as they were in your approved ISP, and were started before you got this letter, DIDD will still pay for those services. DIDD will **not** pay for Vehicle Modifications that were **not started before you got this letter**, even if they were in your approved ISP.

What if you and DIDD disagree about whether your Vehicle Modifications started before you got this letter? Then, you can appeal.

We presume that you got this letter within 5 days after it was mailed.

If you think we made a mistake, you can appeal. You have 30 days after you get this letter to appeal. **After 30 days, it's too late** to appeal this decision.

When you appeal, you're asking to tell a judge the mistake you think DIDD made.
It's called a fair hearing. To get a fair hearing, **both** of these things must be true:

1. You must give TennCare the **facts** they need to work your appeal.
2. And, you must tell TennCare the **mistake** you think we made. That mistake must be something that, if you're right, means that we'll pay for this care.

If you think we made a mistake about a fact, you can have a fair hearing. If you **don't** think we made a mistake about a fact, you **can't** have a fair hearing. You don't have a right to a fair hearing just because you don't like this decision or think it will cause problems for you. This means that **you won't get a hearing if** the only reason for your appeal is something like:

- You think this care should still be covered under the waiver.

- You need this care for a health or mental health problem that you have.
- You or your doctor thinks this care is medically necessary.
- You're getting this care now or it was in your approved ISP.
- You think TennCare has paid for this care before—for you or someone else.
- You don't have any other way to pay for this care.

People who lie on purpose to get TennCare services may be fined or sent to jail.

How to file a TennCare appeal

What you must tell TennCare in your appeal:

- Your **name** (the name of the person who wants the care)
- Your **Social Security number** or the number on your TennCare card (If you don't have those numbers, give TennCare your date of birth. Include the month, day and year.)
- The **kind of care** you are appealing about

To be sure TennCare can reach you about your appeal, **please also tell them:**

- Your **current mailing address**
- The name of the person TennCare should call if they have questions about your appeal
- **A daytime phone number** for that person

There are 3 ways to file an appeal.

Remember: You **only** have **30 days** after you get this letter to appeal.

1. **Mail.** You can mail an appeal page or a letter about your problem to:

   TennCare Solutions
   P.O. Box 000593
   Nashville, TN 37202-0593

   To print an appeal page off the Internet, go to:
   www.tennessee.gov/tenncare/forms/medappeal.pdf
   Or, to have TennCare mail you an appeal page, call them for free at **1-800-878-3192.**

2. **Fax.** You can fax your appeal page or letter for free to **1-888-345-5575.**

3. **Call.** You can call TennCare Solutions for free at **1-800-878-3192.**
   Unless you have an emergency, please call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. If you have an emergency, you can call anytime.

Do you need help with this letter? Is it because you have a health, mental health, or learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help, and TennCare can help you. Call TennCare Solutions at **1-800-878-3192.**

- Do you have a mental illness and need help with this letter?
  The TennCare Advocacy Program can help you.

Call them for free at **1-800-758-1638.**

- If you have a hearing or speech problem you can call us on a **TTY/TDD** machine. Our TTY/TDD number is **1-866-771-7043.**

¿Habla español y necesita ayuda con esta carta? Llámenos gratis al **1-800-878-3192.**

We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call the Family Assistance Service Center for free at **1-866-311-4287.** In Nashville call **743-2000.**

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

March 10, 2011

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[Amendments to the Statewide Waiver (CMS Control #0128.R04), Arlington Waiver (CMS Control #0357.R02) and Self-Determination Waiver (CMS Control #0427.R01), approved February 15, 2011]

You can get a copy of the amended waivers on the Internet at:
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OR, you can call DIDD at **615-231-5093.**

More facts about Nursing and PA Services

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It's VERY IMPORTANT that you and your family member/conservator help your ISC decide what services you will need. You are an important part of the Circle of Support.

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More facts about Nutrition Services:

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What about Nutrition Services above the new limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Nutrition Services you got on or after February 15, 2011 will count against your new limit. If you already got more than 6 Nutrition Services visits, you won't get any more Nutrition Services until January 1, 2012. If you already got more than 1 Nutrition Services assessment, you won't get any more Nutrition Services assessments until January 1, 2012.

More facts about Dental Services:

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What if you and DIDD disagree about how much care you've already gotten?
Then, you can appeal.

More facts about Vehicle Modifications:

Starting February 15, 2011, they are **not covered** anymore.

What about Vehicle Modifications you got BEFORE you got this letter?
As long as they were in your approved ISP, and were started before you got this letter, DIDD will still pay for those services. DIDD will not pay for Vehicle Modifications that were not started before you got this letter, even if they were in your approved ISP.

What if you and DIDD disagree about whether your Vehicle Modifications started before you got this letter? Then, you can appeal.

We presume that you got this letter within 5 days after it was mailed.

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When you appeal, you're asking to tell a judge the mistake you think DIDD made.
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If you think we made a mistake about a fact, you can have a fair hearing. If you **don't** think we made a mistake about a fact, you **can't** have a fair hearing. You **don't** have a right to a fair hearing just because you don't like this decision or think it will cause problems for you. This means that you **won't get a hearing** if the only reason for your appeal is something like:

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To be sure TennCare can reach you about your appeal, **please also tell them:**

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   P.O. Box 000593
   Nashville, TN 37202-0593

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STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

March 10, 2011

Dear Waiver Enrollee,

Your HCBS Waiver benefits are changing.

You are enrolled in a HCBS (Home and Community Based Services) waiver for people with Intellectual Disabilities. This could be the Statewide, Arlington or Self-Determination waivers.

The Centers for Medicare and Medicaid Services have approved changes to the services you can get through these waivers. The changes below were approved on February 15, 2011:

1. **Vehicle Modifications** are **not covered** anymore. This is true even if they have been approved in your Individual Support Plan (ISP).
2. And, some services have **new limits.** Services above these limits are **not covered** anymore. This is true even if they have been approved in your ISP.
   - **Nursing Services** are limited to 48 units (12 hours) per day.
   - **Personal Assistance** (PA) services are limited to 860 units (215 hours) per month.
   - **Nutrition Services** are limited to 6 visits per calendar year. Only 1 of those visits each year can be a Nutrition Services assessment.
   - **Dental Services** are limited to $5,000 per calendar year and $7,500 across 3 years in a row.
   - **Environmental Accessibility Modifications** are limited to $15,000 across 3 years in a row. AND, going forward, they'll only be covered for someone who:
     - Is newly enrolled in the waiver;
     - OR has had a recent and severe loss of mobility.

These changes apply to **everyone** enrolled in these waivers.

The federal government gives the State the right to make these changes.
[Amendments to the Statewide Waiver (CMS Control #0128.R04), Arlington Waiver (CMS Control #0357.R02) and Self-Determination Waiver (CMS Control #0427.R01), approved February 15, 2011]

You can get a copy of the amended waivers on the Internet at:
http://www.tn.gov/didd/provider_agencies/index.html

OR, you can call DIDD at **901-746-7478.**

More facts about Nursing and PA Services

You can get up to **48 units (12 hours)** of **Nursing Services each day.**
You can get up to **860 units (215 hours) PA services each month.**

Are you getting Nursing or PA services <u>above</u> the new limits?
You'll keep getting the same amount of Nursing or PA services <u>for now</u>.

DIDD has asked your ISC (Independent Support Coordinator) and your Circle of Support to review your ISP (Individual Support Plan). They'll see if you'll need changes in your ISP once your Nursing or PA services are reduced. This could mean that family members or others will help with more of your care. It could also mean that you need other waiver services. If so, your ISC will help get those services in place <u>before</u> your Nursing or PA services are reduced.

It's VERY IMPORTANT that you and your family member/conservator help your ISC decide what services you will need. You are an important part of the Circle of Support.

What if you **don't** participate in putting together a new ISP? Then, the rest of your Circle of Support will put together the new ISP.

When will Nursing or PA Services above the new limits be reduced?

- **If you're getting Nursing Services above the new limits:**

Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when **your** Nursing Services will be reduced.

- **If you're getting PA services above the new limits:**

A complaint has been filed with the Office of Civil Rights (OCR) about the new PA limit. Until the complaint is resolved, you can keep getting the same amount of PA services you're getting now. What happens if OCR decides that DIDD can start the new PA limit? Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when **your** PA services will be reduced.

More facts about Nutrition Services:

You can get up to 6 visits each year. Only 1 of those visits can be an assessment. For **this** year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

What about Nutrition Services above the new limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Nutrition Services you got on or after February 15, 2011 will count against your new limit. If you already got more than 6 Nutrition Services visits, you won't get any more Nutrition Services **until** January 1, 2012. If you already got more than 1 Nutrition Services assessment, you won't get any more Nutrition Services assessments until January 1, 2012.

More facts about Dental Services:

You can get up to $5,000 per calendar year and up to $7,500 across 3 years in a row. For **this** year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

The first 3-year limit will start on February 15, 2011 and end on December 31, 2013. Starting in 2014, we'll start counting on January 1, 2014 and stop counting on December 31, 2016. We'll count every 3 years after that.

What about Dental Services above the new annual or 3-year limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Dental Services you got on or after February 15, 2011 will count against your limit. If you already got Dental Services that cost $5,000 or more (but less than $7,500), you won't get any more Dental Services until January 1, 2012. If you already got Dental Services that cost $7,500 or more, you won't get any more Dental Services until January 1, 2014.

More facts about Environmental Accessibility Modifications:

You can get up to $15,000 across 3 years in a row. This is the same limit that was in place before, except that now we'll count 3 years in a row instead of 2. So, services you got before February 15, 2011 count against your limit. The first 3 years will be 2011, 2012, and 2013. The next 3 years will be 2014, 2015, and 2016. If you already got Environmental Accessibility Modifications that cost $15,000 or more, you won't get any more Environmental Accessibility Modifications until 2014.

What if you and DIDD disagree about how much care you've already gotten? Then, you can appeal.

More facts about Vehicle Modifications:

Starting February 15, 2011, they are **not covered** anymore.

What about Vehicle Modifications you got BEFORE you got this letter?
As long as they were in your approved ISP, and were started before you got this letter, DIDD will still pay for those services. DIDD will **not** pay for Vehicle Modifications that were **not started before you got this letter**, even if they were in your approved ISP.

What if you and DIDD disagree about whether your Vehicle Modifications started before you got this letter? Then, you can appeal.

We presume that you got this letter within 5 days after it was mailed.

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